MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

IOWA

Part 2

Jefferson to Zearing

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For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and

- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF INSPECTIONS AND APPEALS
CHARLES H. SWEENEY, DIRECTOR

OVERVIEW OF NURSING HOME STATE LICENSURE AND FEDERAL CERTIFICATION PROGRAM

The Health Facilities Division of the Iowa Department of Inspections and Appeals is responsible for ensuring that Iowa's 437 nursing homes meet state and federal standards for quality health care.

The Division employs a staff of experienced health care professionals who conduct surprise on-site inspections of nursing homes. The surveyor team typically includes nurses, dieticians, engineers and psychologists. The surveyors study all aspects of a nursing home's operations, emphasizing the quality of care given to patients. The survey includes a thorough inspection of the facility's nursing services, staffing levels, physical condition, administration, sanitation, social services, and many other aspects. Facilities are given adequate time to correct violations spotted by surveyors. Follow-up surveys are conducted to ensure that those corrections are made promptly.

The Health Facilities Surveyors also investigate complaints from the public concerning poor care at Iowa nursing homes. Investigations are conducted quickly and efficiently, in order to protect the health and safety of residents.

Nursing homes are urged to voluntarily comply with federal and state laws and rules. When a facility fails to comply voluntarily, however, the Division may issue fines of $100 to $10,000, depending on the severity of the violations and the dangers they pose to residents. A conditional, or short-term license may also be issued to the nursing home. When the conditional license expires, in 12 months or less, an additional survey is conducted to make sure the home is in compliance with the law.

In extreme cases of repeated or serious violations, the Division may revoke a nursing home's license and make it ineligible to receive Medicaid funding. However, the nursing home is granted a full system of due process, including informal and formal hearings, before these drastic measures are taken.

A vast majority of Iowa nursing homes provide adequate care for their residents. Surveys of these facilities usually result in a list of "deficiencies" to be corrected. The facility is informed in writing of these deficiencies, and is asked to prepare a "Plan of Correction." The Health Facilities Division must approve this plan, and may return to the home to ensure it is implemented.

The Division enforces a large number of federal and state nursing home laws, as well as hundreds of "administrative rules" which are necessary to implement the laws. The Health Facilities Division is responsible for developing these rules. Advice is sought from all interested parties, including health care providers, advocates for the elderly, health insurance providers, and other government regulatory agencies. Together, these groups provide the insight needed to draft rules which are fair to Iowa health care providers, yet guarantee that elderly Iowans receive the decent and human nursing care they deserve.

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF INSPECTIONS AND APPEALS
CHARLES H. SWEENEY, DIRECTOR

RESOURCES AVAILABLE TO THE CONSUMER

Iowa Department of Inspections and Appeals
Health Facilities Division
Lucas State Office Building, 3rd Floor
Des Moines, Iowa 50319
Administrator, Dana Petrowsky
(515) 281-4115

This department division conducts licensure, complaint and abuse investigations.

They may be called to make complaints or ask questions. Complaints may be made anonymously, if names are given they are confidential. Survey results are available from this division.

Iowa Long-Term Care Advocate/Ombudsman
Iowa Department of Elder Affairs
236 Jewett Building
914 Grand Ave.
Des Moines, Iowa 50309
Carl McPherson
(515) 281-5187
Toll-free long-term care complaint number
1-800-532-3213/Monday thru Friday 8:00 a.m. until 4:00 p.m.

The ombudsman is responsible for the Care Review Committee program. He may be contacted to make complaints or ask questions. He may refer complaints to Inspections and Appeals or may handle the investigation and resolution himself.

Iowa Department of Inspections and Appeals
Investigations Division
Lucas State Office Building, 2nd Floor
Des Moines, Iowa 50319
Administrator, Jeff Voskins
(515) 281-6377

This Division conducts investigations of medicaid fraud and abuse of resident fund complaints.

They investigate complaints refered to them from the Department of Human Services and Health Facilities Division of Inspections and Appeals.

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF INSPECTIONS AND APPEALS
CHARLES H. SWEENEY, DIRECTOR

Department of Human Services
Bureau of Medical Services
Long-Term Care
Hoover State Office Building, 5th Floor
Des Moines, Iowa 50319
Gary Gesaman, Administrator
(515) 281-5586

This Division is responsible for the medicaid long-term care program in Iowa.

Department of Human Services
Dependent Adult Abuse Registry
Hoover State Office Building
Des Moines, Iowa 50319
Don Kassar, Supervisor
(515) 281-6219

This Division investigates complaints of dependent adult abuse which does not occur in a health care facility. Those complaints are refered to Inspections and Appeals for investigation. This Division also maintains a registry of the names of all persons who are found to have abused a dependent adult whether in a facility or in the community.

Iowa Department of Inspections & Appeals
Audits Division
Lucas State Office Building - 2nd Floor
Des Moines, Iowa 50319
Sherry Hopkins, Administrator
(515) 281-7114

This Division conducts audits of trust accounts of residents in nursing homes. They also audit the nursing homes to see if any money is owed to the Department of Human Services.

Iowa Department of Inspections & Appeals
Health Facilities Division - Home Health Hotline
Lucas State Office Building - 3rd Floor
Des Moines, Iowa 50319
Dana Petrowsky, Administrator
Toll-free Hotline number
1-800-383-4920/Monday thru Friday 8:00 a.m. until 4:00 p.m.

The Home Health Hotline number is used for receiving complaints and to answer questions with respect to certified home health agencies in Iowa.

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF INSPECTIONS AND APPEALS
CHARLES H. SWEENEY, DIRECTOR

Iowa Protection & Advocacy Services
3015 Merle Hay Road - Suite 6
Des Moines, Iowa 50310
Mervin L. Roth, Executive Director
(515) 278-2502

This Agency protects the rights of residents in nursing homes, especially mentally retarded and mentally ill residents.

Information concerning compliance actions may be obtained from Dana Petrowsky, Administrator, Iowa Department of Inspections and Appeals, (515) 281-4415.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		City and State:	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self explanatory
Street Address: Self explanatory
City and State: Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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NURSING HOME PROFILE
GREENE CO MED CTR ICF

Street Address:		City and State:	
1000 W LINCOLNWAY		JEFFERSON, IA 50129	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	127	LOCAL GOVERNMENT	10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	76.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	59	80.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	63.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	45.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	52.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	13	17.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	13.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	17	23.3	39.2	40.9
Residents requiring restraints.	20	27.4	36.8	30.9
Confused or disoriented residents.	37	50.7	51.8	55.4
Residents with bed sores.	3	4.1	6.1	4.8
Residents receiving special skin care.	3	4.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F096	F097	F102	F130	F134	F169	F170
F182	F224	F237*	F260	F261	F293*	F313*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JEFFERSON MANOR

Street Address:		City and State:	
100 EAST SUNSET		JEFFERSON, IA 50129	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	93	PROPRIETARY	09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	97.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	87.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	61.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	93.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	75.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	11.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	35	43.2	39.2	40.9
Residents requiring restraints.	26	32.1	36.8	30.9
Confused or disoriented residents.	55	67.9	51.8	55.4
Residents with bed sores.	2	2.5	6.1	4.8
Residents receiving special skin care.	15	18.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F132* F199 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHILDREN'S HABILITATION CENTER

Street Address:		City and State:	
5900 PIONEER PARKWAY		JOHNSTON, IA 50131	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF	63	NON-PROFIT PRIVATE	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	100	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	23	100	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	23	100	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	100	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	100	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	21	91.3	44.5	52.3
Residents requiring restraints.	23	100	38.8	40.4
Confused or disoriented residents.	1	4.3	45.3	58.6
Residents with bed sores.	0	0.0	5.9	7.6
Residents receiving special skin care.	11	47.8	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F068	F080*	F130	F133*	F134	F135	F170	F191*
F215	F217	F218*	F219	F220	F257	F264	F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT VIEW HOME

Street Address:		City and State:	
811 THIRD ST		KALONA, IA 52247	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	130	NON-PROFIT RELIGIOUS	02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	91.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	95.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	82.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	96.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	49.2	28.9	30.4
Completely bedfast residents.	9	14.8	1.3	2.8
Residents confined to chairs.	34	55.7	39.2	40.9
Residents requiring restraints.	31	50.8	36.8	30.9
Confused or disoriented residents.	47	77.0	51.8	55.4
Residents with bed sores.	2	3.3	6.1	4.8
Residents receiving special skin care.	6	9.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F117 F327 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KANAWHA COMM HOME

Street Address:		City and State:	
130 W 6TH ST		KANAWHA, IA 50447	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	52	PROPRIETARY	03/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	98.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	80.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	67.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	76.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	32.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	28.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	25.0	39.2	40.9
Residents requiring restraints.	17	32.7	36.8	30.9
Confused or disoriented residents.	28	53.8	51.8	55.4
Residents with bed sores.	2	3.8	6.1	4.8
Residents receiving special skin care.	7	13.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
KEOKUK AREA HOSPITAL SNF

Street Address:		City and State:	
1600 MORGAN STREET		KEOKUK, IA 52632	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
16	15	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	87.5	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	14	87.5	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	14	87.5	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	81.3	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	87.5	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	62.5	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	12	75.0	44.5	52.3
Residents requiring restraints.	2	12.5	38.8	40.4
Confused or disoriented residents.	4	25.0	45.3	58.6
Residents with bed sores.	1	6.3	5.9	7.6
Residents receiving special skin care.	8	50.0	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F054	F055	F056	F057	F058	F059	F061
F073*	F074	F075	F076	F077	F078	F080*	F118
F130	F135	F196*	F198	F217	F218*	F219	F224
F236	F261	F277	F294				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KEOKUK NURSING CENTER INC

Street Address:		City and State:	
500 MESSENGER RD		KEOKUK, IA 52632	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	03/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	10	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	86.3	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	81.1	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	77	81.1	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	70.5	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	66.3	62.4	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	36.8	38.2	39.1
Completely bedfast residents.	1	1.1	4.5	3.2
Residents confined to chairs.	52	54.7	44.5	52.3
Residents requiring restraints.	44	46.3	38.8	40.4
Confused or disoriented residents.	49	51.6	45.3	58.6
Residents with bed sores.	8	8.4	5.9	7.6
Residents receiving special skin care.	36	37.9	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	11	19.6	2034	19.

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F117	F130	F169	F196*	F199	F218*	F277
F294	F306	F313*	F328	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVER HILLS IN KEOKUK

Street Address:		City and State:	
3140 PLANK RD		KEOKUK, IA 52632	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	63	PROPRIETARY	04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	76.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	50	79.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	66.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	65.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	55.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	34.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	14	22.2	39.2	40.9
Residents requiring restraints.	23	36.5	36.8	30.9
Confused or disoriented residents.	40	63.5	51.8	55.4
Residents with bed sores.	1	1.6	6.1	4.8
Residents receiving special skin care.	18	28.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	NOT MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F079*	F102	F117	F130	F131*	F173*	F175	F176
F218*	F279	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VAN BUREN GOOD SAMARITAN CTR

Street Address:		City and State:	
DODGE + COUNTRY RD		KEOSAUQUA, IA 52565	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	75	NON-PROFIT OTHER	01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	79.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	77.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	65.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	38.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	39	54.2	39.2	40.9
Residents requiring restraints.	29	40.3	36.8	30.9
Confused or disoriented residents.	52	72.2	51.8	55.4
Residents with bed sores.	1	1.4	6.1	4.8
Residents receiving special skin care.	17	23.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F196*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLEWOOD MANOR

Street Address:		City and State:	
COUNTY LINE RD		KEOTA, IA 52248	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	04/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	49.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	76.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	54.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	52.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	25.5	28.9	30.4
Completely bedfast residents.	4	7.8	1.3	2.8
Residents confined to chairs.	6	11.8	39.2	40.9
Residents requiring restraints.	16	31.4	36.8	30.9
Confused or disoriented residents.	34	66.7	51.8	55.4
Residents with bed sores.	1	2.0	6.1	4.8
Residents receiving special skin care.	3	5.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F119 F130 F191* F224 F242*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KEYSTONE NURSING CARE CTR

Street Address:		City and State:	
114 - 2ND AVENUE		KEYSTONE, IA 52249	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	45	PROPRIETARY	11/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	79.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	77.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	75.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	65.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	13.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	16	36.4	39.2	40.9
Residents requiring restraints.	17	38.6	36.8	30.9
Confused or disoriented residents.	21	47.7	51.8	55.4
Residents with bed sores.	1	2.3	6.1	4.8
Residents receiving special skin care.	3	6.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056	F073*	F080*	F102	F127*	F130	F131*	F135
F169	F170	F196*	F198	F199	F217	F218*	F227
F242*	F257	F261	F264	F293*	F297	F298	F313*
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL MANOR OF KINGSLEY

Street Address:		City and State:	
305 W THIRD		KINGSLEY, IA 51028	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	43	PROPRIETARY	11/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	68.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	73.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	58.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	82.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	63.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	4.9	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	26.8	28.9	30.4
Completely bedfast residents.	1	2.4	1.3	2.8
Residents confined to chairs.	7	17.1	39.2	40.9
Residents requiring restraints.	3	7.3	36.8	30.9
Confused or disoriented residents.	16	39.0	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	1	2.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRIFFEN NURSING CTR

Street Address:		City and State:	
606 NORTH 7TH		KNOXVILLE, IA 50138	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	95	NON-PROFIT OTHER	03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	90.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	90.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	69.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	87.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	55.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	3.2	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	33.3	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	45	71.4	39.2	40.9
Residents requiring restraints.	24	38.1	36.8	30.9
Confused or disoriented residents.	28	44.4	51.8	55.4
Residents with bed sores.	4	6.3	6.1	4.8
Residents receiving special skin care.	17	27.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F131* F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST RIDGE MANOR

Street Address:		City and State:	
1201 W JACKSON		KNOXVILLE, IA 50138	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	78	NON-PROFIT PRIVATE	11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	95.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	78.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	68.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	89.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	44.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	21.6	28.9	30.4
Completely bedfast residents.	1	1.4	1.3	2.8
Residents confined to chairs.	17	23.0	39.2	40.9
Residents requiring restraints.	29	39.2	36.8	30.9
Confused or disoriented residents.	25	33.8	51.8	55.4
Residents with bed sores.	6	8.1	6.1	4.8
Residents receiving special skin care.	20	27.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F126	F131*	F133*	F134	F135	F139
F191*	F199	F217	F224	F294	F313*	F330	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL MANOR OF LAPORTE CITY

Street Address:		City and State:	
HIGHWAY 218 NORTH		LA PORTE CITY, IA 50651	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	46	PROPRIETARY	11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	54.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	84.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	65.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	65.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	77.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	40.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	19	43.2	39.2	40.9
Residents requiring restraints.	23	52.3	36.8	30.9
Confused or disoriented residents.	23	52.3	51.8	55.4
Residents with bed sores.	2	4.5	6.1	4.8
Residents receiving special skin care.	3	6.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F133* F277

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHADY OAKS

Street Address:		City and State:	
HIGHWAY 175, WEST		LAKE CITY, IA 51449	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	139	PROPRIETARY	10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	3	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	80.7	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	67.9	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	68	62.4	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	62.4	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	60.6	62.4	69.4
Residents on individually written bowel and bladder retraining program.	25	22.9	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	32.1	38.2	39.1
Completely bedfast residents.	3	2.8	4.5	3.2
Residents confined to chairs.	49	45.0	44.5	52.3
Residents requiring restraints.	57	52.3	38.8	40.4
Confused or disoriented residents.	38	34.9	45.3	58.6
Residents with bed sores.	2	1.8	5.9	7.6
Residents receiving special skin care.	24	22.0	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F086	F100	F102	F105	F124	F125*
F126	F127*	F128*	F129*	F130	F131*	F132*	F133*
F134	F135	F139	F173*	F174	F175	F182	F224
F340*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKE MILLS NH

Street Address:		City and State:	
406 S 10TH AVE E		LAKE MILLS, IA 50450	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	09/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	94.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	82	83.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	60	61.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	58.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	24.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	22	22.4	39.2	40.9
Residents requiring restraints.	54	55.1	36.8	30.9
Confused or disoriented residents.	53	54.1	51.8	55.4
Residents with bed sores.	2	2.0	6.1	4.8
Residents receiving special skin care.	16	16.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/89	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F100	F117	F126	F132*	F134	F170	F175
F224	F227	F257	F345*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKE PARK CARE CENTER

Street Address:		City and State:	
1304 S MARKET		LAKE PARK, IA 51347	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	68.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	68.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	54.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	56.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	34.0	28.9	30.4
Completely bedfast residents.	1	2.0	1.3	2.8
Residents confined to chairs.	18	36.0	39.2	40.9
Residents requiring restraints.	16	32.0	36.8	30.9
Confused or disoriented residents.	28	56.0	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	10	20.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F131* F132* F135 F180 F258 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAMONI MANOR

Street Address:		City and State:	
215 S OAK ST		LAMONI, IA 50140	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	11/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	58.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	56.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	62.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	18.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	22	45.8	39.2	40.9
Residents requiring restraints.	6	12.5	36.8	30.9
Confused or disoriented residents.	29	60.4	51.8	55.4
Residents with bed sores.	1	2.1	6.1	4.8
Residents receiving special skin care.	5	10.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F105	F126	F133*	F134	F169	F175	F176
F180	F181*	F199	F257	F264	F287	F289	F294
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
THORNTON MANOR

Street Address:		City and State:	
1329 MAIN P O BOX 700		LANSING, IA 52151	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	NON-PROFIT OTHER	02/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	94.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	76.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	71.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	28.9	30.4
Completely bedfast residents.	3	5.1	1.3	2.8
Residents confined to chairs.	13	22.0	39.2	40.9
Residents requiring restraints.	24	40.7	36.8	30.9
Confused or disoriented residents.	33	55.9	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	11	18.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F224 F227 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOVENDEN MEM GOOD SAMARITAN

Street Address:		City and State:	
304 E VETERANS RD		LAURENS, IA 50554	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	NON-PROFIT RELIGIOUS	08/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	66.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	66.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	59.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	59.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	51.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	15	38.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	20.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	12	30.8	39.2	40.9
Residents requiring restraints.	18	46.2	36.8	30.9
Confused or disoriented residents.	15	38.5	51.8	55.4
Residents with bed sores.	2	5.1	6.1	4.8
Residents receiving special skin care.	11	28.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F182 F255

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ABBEY OF LEMARS,THE

Street Address:		City and State:	
320 FIRST AVENUE SE		LE MARS, IA 51031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	18	PROPRIETARY	11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
18	0	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	16	88.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	94.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	88.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	33.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	9	50.0	39.2	40.9
Residents requiring restraints.	12	66.7	36.8	30.9
Confused or disoriented residents.	12	66.7	51.8	55.4
Residents with bed sores.	1	5.6	6.1	4.8
Residents receiving special skin care.	1	5.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F105	F127*	F129*	F130	F139	F170
F180	F224	F252	F255	F257	F264	F278	F313*
F314	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRENTWOOD GOOD SAM CTR

Street Address:		City and State:	
HWY 3 EAST		LE MARS, IA 51031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	NON-PROFIT OTHER	10/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	86.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	86.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	71.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	70.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	35.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	20	35.1	39.2	40.9
Residents requiring restraints.	29	50.9	36.8	30.9
Confused or disoriented residents.	25	43.9	51.8	55.4
Residents with bed sores.	1	1.8	6.1	4.8
Residents receiving special skin care.	4	7.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F126	F132*	F134	F135	F170	F224	F257
F259	F313*	F332*	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLYMOUTH MANOR CARE CTR

Street Address:		City and State:	
954 7TH AVE SE		LE MARS, IA 51031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	83	PROPRIETARY	12/15/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	60.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	77.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	63.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	63.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	79.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	15.2	28.9	30.4
Completely bedfast residents.	3	3.8	1.3	2.8
Residents confined to chairs.	22	27.8	39.2	40.9
Residents requiring restraints.	33	41.8	36.8	30.9
Confused or disoriented residents.	48	60.8	51.8	55.4
Residents with bed sores.	3	3.8	6.1	4.8
Residents receiving special skin care.	7	8.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F134 F224 F259 F293* F294 F297
F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LENOX CARE CENTER INC

Street Address:		City and State:	
111 E VAN BUREN		LENOX, IA 50851	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	53	PROPRIETARY	03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	84.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	70.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	60.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	54.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	48.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	6.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	26.0	39.2	40.9
Residents requiring restraints.	22	44.0	36.8	30.9
Confused or disoriented residents.	25	50.0	51.8	55.4
Residents with bed sores.	5	10.0	6.1	4.8
Residents receiving special skin care.	8	16.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F100	F102	F105	F126	F130	F131*	F170
F175	F176	F181*	F224	F264	F293*	F313*	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEON CARE CTR

Street Address:		City and State:	
RR #1 BOX 19 302 NE 14TH ST		LEON, IA 50144	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	PROPRIETARY	12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	83.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	83.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	67.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	58.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	58.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	7.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	43.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	18.9	39.2	40.9
Residents requiring restraints.	16	30.2	36.8	30.9
Confused or disoriented residents.	27	50.9	51.8	55.4
Residents with bed sores.	2	3.8	6.1	4.8
Residents receiving special skin care.	3	5.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F129*	F130	F131*	F134	F199	F224	F251
F252	F313*	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTVIEW ACRES

Street Address:		City and State:	
JUNCTION HWY 2 AND 69 WEST		LEON, IA 50144	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	91	PROPRIETARY	05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	89.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	79.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	62	80.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	80.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	92.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	2.6	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	31.2	28.9	30.4
Completely bedfast residents.	1	1.3	1.3	2.8
Residents confined to chairs.	14	18.2	39.2	40.9
Residents requiring restraints.	26	33.8	36.8	30.9
Confused or disoriented residents.	10	13.0	51.8	55.4
Residents with bed sores.	3	3.9	6.1	4.8
Residents receiving special skin care.	17	22.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F131* F134 F199 F297 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTMONT CARE CTR

Street Address:		City and State:	
314 S ELM BOX 8		LOGAN, IA 51546	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	81	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	98.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	83.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	61.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	67.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	70.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.4	28.9	30.4
Completely bedfast residents.	2	2.9	1.3	2.8
Residents confined to chairs.	17	25.0	39.2	40.9
Residents requiring restraints.	30	44.1	36.8	30.9
Confused or disoriented residents.	44	64.7	51.8	55.4
Residents with bed sores.	3	4.4	6.1	4.8
Residents receiving special skin care.	9	13.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F105	F126	F130	F131*	F133*	F134	F135
F170	F176	F181*	F199	F264	F277	F332*	F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LONE TREE HEALTH CARE CTR

Street Address:		City and State:	
PIONEER RD BOX 590		LONE TREE, IA 52755	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	46	PROPRIETARY	09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	83.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	81.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	75.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	70.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	48.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	23	62.2	39.2	40.9
Residents requiring restraints.	11	29.7	36.8	30.9
Confused or disoriented residents.	21	56.8	51.8	55.4
Residents with bed sores.	2	5.4	6.1	4.8
Residents receiving special skin care.	6	16.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F127*	F131*	F196*	F199	F242*	F259
F261	F263	F313*	F330	F332*	F333	F349	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MADRID HOME FOR THE AGED

Street Address:		City and State:	
613 W 9TH ST		MADRID, IA 50156	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	175	NON-PROFIT RELIGIOUS	03/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	95.7	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	83	89.2	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	63	67.7	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	66.7	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	43.0	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	11.8	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	15	16.1	44.5	52.3
Residents requiring restraints.	28	30.1	38.8	40.4
Confused or disoriented residents.	4	4.3	45.3	58.6
Residents with bed sores.	2	2.2	5.9	7.6
Residents receiving special skin care.	22	23.7	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANOR OF MALVERN

Street Address:		City and State:	
905 NORTH SECOND AVENUE		MALVERN, IA 51551	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	64.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	75.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	16	43.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	35.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	51.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	16.2	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	27.0	39.2	40.9
Residents requiring restraints.	0	0.0	36.8	30.9
Confused or disoriented residents.	18	48.6	51.8	55.4
Residents with bed sores.	2	5.4	6.1	4.8
Residents receiving special skin care.	24	64.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown	NOT MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F117	F126	F127*	F128*	F131*	F134	F144
F170	F173*	F181*	F199	F224	F250	F277	F287
F288	F313*	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOOD NEIGHBOR HOME

Street Address:		City and State:	
105 MCCARREN DRIVE		MANCHESTER, IA 52057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	NON-PROFIT RELIGIOUS	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	98.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	73	70.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	65	63.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	58.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	51.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	5	4.9	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	36.9	28.9	30.4
Completely bedfast residents.	3	2.9	1.3	2.8
Residents confined to chairs.	39	37.9	39.2	40.9
Residents requiring restraints.	26	25.2	36.8	30.9
Confused or disoriented residents.	67	65.0	51.8	55.4
Residents with bed sores.	4	3.9	6.1	4.8
Residents receiving special skin care.	33	32.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physiciarts' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F170 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEMORIAL CARE CENTER

Street Address:		City and State:	
709 W MAIN ST		MANCHESTER, IA 52057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	58	LOCAL GOVERNMENT	09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	5	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	68.6	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	28	80.0	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	23	65.7	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	80.0	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	62.4	69.4
Residents on individually written bowel and bladder retraining program.	7	20.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	40.0	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	16	45.7	44.5	52.3
Residents requiring restraints.	19	54.3	38.8	40.4
Confused or disoriented residents.	20	57.1	45.3	58.6
Residents with bed sores.	2	5.7	5.9	7.6
Residents receiving special skin care.	16	45.7	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of th National Research Council, National Academy of Sciences.	N/A	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056	F101	F116	F119	F126	F134	F175	F191*
F224	F260	F261	F262	F277	F294	F321	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANILLA MANOR

Street Address:		City and State:	
BOX 490		MANILLA, IA 51454	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	70.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	65.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	60.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	81.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	60.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.1	28.9	30.4
Completely bedfast residents.	1	1.7	1.3	2.8
Residents confined to chairs.	35	60.3	39.2	40.9
Residents requiring restraints.	21	36.2	36.8	30.9
Confused or disoriented residents.	26	44.8	51.8	55.4
Residents with bed sores.	1	1.7	6.1	4.8
Residents receiving special skin care.	7	12.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F106* F132* F134 F135 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANLY CARE CENTER

Street Address:		City and State:	
HIGHWAY NINE EAST		MANLY, IA 50456	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	69	PROPRIETARY	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	69.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	33	76.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	55.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	51.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	51.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	30.2	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	21	48.8	39.2	40.9
Residents requiring restraints.	13	30.2	36.8	30.9
Confused or disoriented residents.	19	44.2	51.8	55.4
Residents with bed sores.	2	4.7	6.1	4.8
Residents receiving special skin care.	8	18.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F117	F127*	F130	F131*	F132*	F134
F169	F170	F181*	F224	F252	F259	F260	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANNING GENERAL HOSP LTC

Street Address:		City and State:	
410 MAIN ST		MANNING, IA 51455	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	87	NON-PROFIT OTHER	06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	98.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	82.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	73.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	73.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	73.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	35	62.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.4	28.9	30.4
Completely bedfast residents.	1	1.8	1.3	2.8
Residents confined to chairs.	19	33.9	39.2	40.9
Residents requiring restraints.	23	41.1	36.8	30.9
Confused or disoriented residents.	24	42.9	51.8	55.4
Residents with bed sores.	3	5.4	6.1	4.8
Residents receiving special skin care.	10	17.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F135 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANSON GOOD SAMARITAN CENTER

Street Address:		City and State:	
1402 MAIN ST		MANSON, IA 50563	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT OTHER	12/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	77.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	93.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	21	43.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	52.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	29.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	36	75.0	39.2	40.9
Residents requiring restraints.	5	10.4	36.8	30.9
Confused or disoriented residents.	29	60.4	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	4	8.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F169 F257 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLE HEIGHTS INC

Street Address:		City and State:	
SUNRISE AVE		MAPLETON, IA 51034	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	88.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	49	79.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	83.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	3.2	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	74.2	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	26	41.9	39.2	40.9
Residents requiring restraints.	29	46.8	36.8	30.9
Confused or disoriented residents.	47	75.8	51.8	55.4
Residents with bed sores.	3	4.8	6.1	4.8
Residents receiving special skin care.	17	27.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F170 F173* F175 F196* F250 F294
F313* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTRIDGE CARE CENTER

Street Address:		City and State:	
1015 WESLEY DR		MAQUOKETA, IA 52060	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	NON-PROFIT PRIVATE	12/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NC

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	80.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	77	83.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	72.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	77.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	46.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	34.8	28.9	30.4
Completely bedfast residents.	2	2.2	1.3	2.8
Residents confined to chairs.	70	76.1	39.2	40.9
Residents requiring restraints.	27	29.3	36.8	30.9
Confused or disoriented residents.	48	52.2	51.8	55.4
Residents with bed sores.	6	6.5	6.1	4.8
Residents receiving special skin care.	21	22.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F061	F080*	F084	F102	F127*	F131*	F132*
F134	F180	F181*	F224	F242*	F313*	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JACKSON CO PUBLIC HOSP-SNF

Street Address:		City and State:	
700 W QUARRY STREET		MAQUOKETA, IA 52060	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	110	NON-PROFIT OTHER	08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	100	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	13	100	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	13	100	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	38.5	62.4	69.4
Residents on individually written bowel and bladder retraining program.	1	7.7	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	38.5	38.2	30.1
Completely bedfast residents.	1	7.7	4.5	3.2
Residents confined to chairs.	3	23.1	44.5	52.3
Residents requiring restraints.	2	15.4	38.8	40.4
Confused or disoriented residents.	13	100	45.3	58.6
Residents with bed sores.	2	15.4	5.9	7.6
Residents receiving special skin care.	9	69.2	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F082	F097	F116	F118	F119	F130	F169
F170	F236	F242*	F257	F259	F260	F328	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAQUOKETA CARE CTR

Street Address:		City and State:	
R R 1 MCKINSEY DRIVE		MAQUOKETA, IA 52060	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	PROPRIETARY	04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	78.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	53	86.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	75.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	78.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	73.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	26.2	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	21	34.4	39.2	40.9
Residents requiring restraints.	36	59.0	36.8	30.9
Confused or disoriented residents.	31	50.8	51.8	55.4
Residents with bed sores.	7	11.5	6.1	4.8
Residents receiving special skin care.	18	29.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F082 F102 F126 F191* F259 F277 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSE HAVEN NH INC

Street Address:		City and State:	
1500 NO FRANKLIN		MARENGO, IA 52301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	PROPRIETARY	02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	83.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	85.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	74.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	75.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	83.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	35.2	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	23	42.6	39.2	40.9
Residents requiring restraints.	30	55.6	36.8	30.9
Confused or disoriented residents.	35	64.8	51.8	55.4
Residents with bed sores.	3	5.6	6.1	4.8
Residents receiving special skin care.	7	13.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F218* F219 F224 F293* F298 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW ACRES

Street Address:		City and State:	
1485 GRAND AVE		MARION, IA 52302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	129	PROPRIETARY	10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	71.6	81.3	78.5
Dressing Residents requiring some or total assistance in dressing.	88	75.9	78.3	76.5
Toileting Residents requiring some or total assistance in toileting.	101	87.1	65.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	67.2	68.3	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	56.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	7	6.0	5.6	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	24.1	28.9	30.4
Completely bedfast residents.	1	0.9	1.3	2.8
Residents confined to chairs.	62	53.4	39.2	40.9
Residents requiring restraints.	37	31.9	36.8	30.9
Confused or disoriented residents.	55	47.4	51.8	55.4
Residents with bed sores.	11	9.5	6.1	4.8
Residents receiving special skin care.	25	21.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F085*	F102	F117	F170	F181*	F196*	F199
F251	F277	F294	F316	F332*	F345*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINN MANOR CARE CTR

Street Address:		City and State:	
1140 ELIM DR		MARION, IA 52302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	44	NON-PROFIT RELIGIOUS	12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	44.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	19	65.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	8	27.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	44.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	37.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	3.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	24.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	7	24.1	39.2	40.9
Residents requiring restraints.	3	10.3	36.8	30.9
Confused or disoriented residents.	7	24.1	51.8	55.4
Residents with bed sores.	1	3.4	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLOW GARDENS

Street Address:		City and State:	
455 - 31ST ST		MARION, IA 52302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	91	PROPRIETARY	08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	76.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	76.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	65	76.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	76.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	80.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	3.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.5	28.9	30.4
Completely bedfast residents.	1	1.2	1.3	2.8
Residents confined to chairs.	21	24.7	39.2	40.9
Residents requiring restraints.	47	55.3	36.8	30.9
Confused or disoriented residents.	65	76.5	51.8	55.4
Residents with bed sores.	9	10.6	6.1	4.8
Residents receiving special skin care.	34	40.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F056	F057	F085*	F096	F102	F117	F191*
F199	F242*	F294	F305	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINSLOW HOUSE

Street Address:		City and State:	
3456 INDIAN CREEK RD		MARION, IA 52302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	70.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	74.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	74.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	30	63.8	39.2	40.9
Residents requiring restraints.	25	53.2	36.8	30.9
Confused or disoriented residents.	32	68.1	51.8	55.4
Residents with bed sores.	3	6.4	6.1	4.8
Residents receiving special skin care.	2	4.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F117	F133*	F175	F199	F224	F242*	F243
F244	F293*	F294					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRANDVIEW HEIGHTS

Street Address:		City and State:	
910 E OLIVE		MARSHALLTOWN, IA 50158	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	129	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	37.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	99	79.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	88	71.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	69.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	58.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	22.6	28.9	30.4
Completely bedfast residents.	1	0.8	1.3	2.8
Residents confined to chairs.	37	29.8	39.2	40.9
Residents requiring restraints.	59	47.6	36.8	30.9
Confused or disoriented residents.	87	70.2	51.8	55.4
Residents with bed sores.	7	5.6	6.1	4.8
Residents receiving special skin care.	62	50.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F082 F085* F101 F130 F170 F175 F196* F224
F332* F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
IOWA VETERANS' HOME

Street Address:		City and State:	
13TH AND SUMMIT STS		MARSHALLTOWN, IA 50158	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	651	STATE GOVERNMENT	07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
651	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	457	70.2	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	419	64.4	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	345	53.0	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	309	47.5	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	377	57.9	62.4	69.4
Residents on individually written bowel and bladder retraining program.	228	35.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	226	34.7	38.2	39.1
Completely bedfast residents.	2	0.3	4.5	3.2
Residents confined to chairs.	357	54.8	44.5	52.3
Residents requiring restraints.	212	32.6	38.8	40.4
Confused or disoriented residents.	290	44.5	45.3	58.6
Residents with bed sores.	20	3.1	5.9	7.6
Residents receiving special skin care.	331	50.8	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	11	19.6	2034	19.3

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F113	F117	F120	F126	F129*	F132*
F133*	F135	F137	F169	F170	F174	F175	F181*
F182	F199	F206	F211	F219	F224	F262	F264
F277	F293*	F313*	F328	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARSHALL CO CARE FACILITY

Street Address:		City and State:	
RR 3		MARSHALLTOWN, IA 50158	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	LOCAL GOVERNMENT	06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	67.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	60	76.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	60.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	66.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	73.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	29.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	25	32.1	39.2	40.9
Residents requiring restraints.	18	23.1	36.8	30.9
Confused or disoriented residents.	50	64.1	51.8	55.4
Residents with bed sores.	3	3.8	6.1	4.8
Residents receiving special skin care.	23	29.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F058	F060	F064	F084	F130	F134	F170
F181*	F190	F191*	F199	F217	F295	F328	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARSHALLTOWN MANOR

Street Address:		City and State:	
2206 S CENTER		MARSHALLTOWN, IA 50158	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	82	PROPRIETARY	10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	98.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	70	88.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	63.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	57.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	54.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	27.8	28.9	30.4
Completely bedfast residents.	1	1.3	1.3	2.8
Residents confined to chairs.	22	27.8	39.2	40.9
Residents requiring restraints.	27	34.2	36.8	30.9
Confused or disoriented residents.	47	59.5	51.8	55.4
Residents with bed sores.	4	5.1	6.1	4.8
Residents receiving special skin care.	43	54.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F085*	F096	F102	F117	F119	F139	F169
F174	F191*	F224	F305	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARSHALLTOWN MEDICAL & SURGICAL CTR

Street Address:		City and State:	
3 SOUTH 4TH AVENUE		MARSHALLTOWN, IA 50158	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	218	NON-PROFIT PRIVATE	07/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	18	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	47.6	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	16	76.2	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	16	76.2	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	76.2	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	52.4	62.4	69.4
Residents on individually written bowel and bladder retraining program.	2	9.5	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	28.6	38.2	39.1
Completely bedfast residents.	1	4.8	4.5	3.2
Residents confined to chairs.	6	28.6	44.5	52.3
Residents requiring restraints.	6	28.6	38.8	40.4
Confused or disoriented residents.	6	28.6	45.3	58.6
Residents with bed sores.	2	9.5	5.9	7.6
Residents receiving special skin care.	9	42.9	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F102 F181* F191* F199 F224 F236 F294 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA DEL SOL

Street Address:		City and State:	
2401 SOUTH SECOND STREET		MARSHALLTOWN, IA 50158	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	117	PROPRIETARY	04/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	69.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	79	69.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	70	61.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	53.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	57.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	20.4	28.9	30.4
Completely bedfast residents.	2	1.8	1.3	2.8
Residents confined to chairs.	35	31.0	39.2	40.9
Residents requiring restraints.	45	39.8	36.8	30.9
Confused or disoriented residents.	46	40.7	51.8	55.4
Residents with bed sores.	7	6.2	6.1	4.8
Residents receiving special skin care.	32	28.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
222 SOUTH PIERCE		MASON CITY, IA 50401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	77	PROPRIETARY	01/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	2	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	81.8	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	51	77.3	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	47	71.2	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	71.2	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	51.5	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	21.2	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	44	66.7	44.5	52.3
Residents requiring restraints.	35	53.0	38.8	40.4
Confused or disoriented residents.	24	36.4	45.3	58.6
Residents with bed sores.	3	4.5	5.9	7.6
Residents receiving special skin care.	12	18.2	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F079* F101 F113 F117 F130 F224 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOOD SHEPHERD GERIATRIC CTR

Street Address:		City and State:	
302 2ND ST NE		MASON CITY, IA 50401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	295	NON-PROFIT RELIGIOUS	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
242	5	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	185	76.4	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	171	70.7	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	136	56.2	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	61.2	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	53.7	62.4	69.4
Residents on individually written bowel and bladder retraining program.	2	0.8	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	35.5	38.2	39.1
Completely bedfast residents.	5	2.1	4.5	3.2
Residents confined to chairs.	78	32.2	44.5	52.3
Residents requiring restraints.	86	35.5	38.8	40.4
Confused or disoriented residents.	112	46.3	45.3	58.6
Residents with bed sores.	8	3.3	5.9	7.6
Residents receiving special skin care.	42	17.4	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F116	F130	F182	F199	F223	F224	F258
F261	F264	F293*	F294	F295	F328		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE CARE CENTER

Street Address:		City and State:	
501 S KENTUCKY		MASON CITY, IA 50401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	62	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing — Residents requiring some or total assistance in bathing.	88	96.7	81.0	82.0
Dressing — Residents requiring some or total assistance in dressing.	84	92.3	79.4	84.0
Toileting — Residents requiring some or total assistance in toileting.	53	58.2	68.7	75.0
Transferring — Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	49.5	70.1	76.9
Continence — Residents with catheters or partial or total loss of bowel or bladder control.	49	53.8	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating — Residents receiving tube feedings or requiring assistance with eating.	91	100	38.2	39.1
Completely bedfast residents.	57	62.6	4.5	3.2
Residents confined to chairs.	35	38.5	44.5	52.3
Residents requiring restraints.	42	46.2	38.8	40.4
Confused or disoriented residents.	0	0.0	45.3	58.6
Residents with bed sores.	0	0.0	5.9	7.6
Residents receiving special skin care.	0	0.0	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F062	F080*	F101	F102	F117	F118	F120	F132*
F134	F135	F139	F170	F182	F196*	F199	F207
F217	F230	F258	F272	F293*	F313*	F316	F321
F328	F332*	F340*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
IOWA ODD FELLOWS HOME

Street Address:		City and State:	
1037 19TH ST SW		MASON CITY, IA 50401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	148	NON-PROFIT OTHER	12/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	86.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	81.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	72.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	67.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.9	28.9	30.4
Completely bedfast residents.	2	3.4	1.3	2.8
Residents confined to chairs.	33	56.9	39.2	40.9
Residents requiring restraints.	37	63.8	36.8	30.9
Confused or disoriented residents.	32	55.2	51.8	55.4
Residents with bed sores.	3	5.2	6.1	4.8
Residents receiving special skin care.	28	48.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F128*	F132*	F134	F135	F173*	F257	F264
F293*	F294	F297	F313*	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREAT RIVER CARE CENTER

Street Address:		City and State:	
PO BOX E-HWY 18 SOUTH		MCGREGOR, IA 52157	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	59.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	69.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	65.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	57.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	49.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	6.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.3	28.9	30.4
Completely bedfast residents.	1	2.0	1.3	2.8
Residents confined to chairs.	11	22.4	39.2	40.9
Residents requiring restraints.	22	44.9	36.8	30.9
Confused or disoriented residents.	14	28.6	51.8	55.4
Residents with bed sores.	8	16.3	6.1	4.8
Residents receiving special skin care.	2	4.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, inciuding religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F119	F126	F130	F131*	F135	F169	F173*
F174	F175	F180	F182	F191*	F196*	F224	F257
F258	F259	F262	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MECHANICSVILLE CARE CTR

Street Address:		City and State:	
206 E 4TH ST		MECHANICSVILLE, IA 52306	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	69	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	68.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	65.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	54.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	50.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	63.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	8	13.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	42.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	21	34.4	39.2	40.9
Residents requiring restraints.	27	44.3	36.8	30.9
Confused or disoriented residents.	29	47.5	51.8	55.4
Residents with bed sores.	3	4.9	6.1	4.8
Residents receiving special skin care.	3	4.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F139 F217

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHESDA CARE CTR OF MEDIAPOLIS

Street Address:		City and State:	
608 PRAIRIE		MEDIAPOLIS, IA 52637	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	62	PROPRIETARY	01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	95.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	88.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	67.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	82.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	77.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	6.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	27.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	21.0	39.2	40.9
Residents requiring restraints.	19	30.6	36.8	30.9
Confused or disoriented residents.	30	48.4	51.8	55.4
Residents with bed sores.	2	3.2	6.1	4.8
Residents receiving special skin care.	2	3.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILFORD NURSING CENTER

Street Address:		City and State:	
1600 13TH ST		MILFORD, IA 51351	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	91.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	97.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	57.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	59.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	21.3	39.2	40.9
Residents requiring restraints.	18	38.3	36.8	30.9
Confused or disoriented residents.	32	68.1	51.8	55.4
Residents with bed sores.	2	4.3	6.1	4.8
Residents receiving special skin care.	2	4.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F127*	F135	F173*	F199	F224	F250	F257
F277	F297	F313*	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LONGVIEW HOME

Street Address:		City and State:	
1010 LONGVIEW RD		MISSOURI VALLEY, IA 51555	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	78	PROPRIETARY	11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	62.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	73.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	52.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	52.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	49.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	36.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	19	25.3	39.2	40.9
Residents requiring restraints.	27	36.0	36.8	30.9
Confused or disoriented residents.	34	45.3	51.8	55.4
Residents with bed sores.	10	13.3	6.1	4.8
Residents receiving special skin care.	10	13.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F134	F135	F173*	F174	F175	F176	F178
F199	F224	F236	F277	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MITCHELL VILLAGE CTR OF CARE

Street Address:		City and State:	
114 GAY ST		MITCHELLVILLE, IA 50169	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	PROPRIETARY	06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	90.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	52	82.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	63.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	79.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	49.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	6	9.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	31.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	33	52.4	39.2	40.9
Residents requiring restraints.	25	39.7	36.8	30.9
Confused or disoriented residents.	33	52.4	51.8	55.4
Residents with bed sores.	4	6.3	6.1	4.8
Residents receiving special skin care.	17	27.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F056	F068	F073*	F080*	F101	F102	F105
F126	F130	F131*	F132*	F133*	F169	F173*	F174
F175	F180	F199	F224	F264	F294	F306	F313*
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SENIOR HOME

Street Address:		City and State:	
MEADOW LANE DRIVE		MONTEZUMA, IA 50171	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	72.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	70.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	69.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	59.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	19	40.4	39.2	40.9
Residents requiring restraints.	27	57.4	36.8	30.9
Confused or disoriented residents.	20	42.6	51.8	55.4
Residents with bed sores.	4	8.5	6.1	4.8
Residents receiving special skin care.	12	25.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F139 F176 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SENIOR HOME

Street Address:		City and State:	
500 PINEHAVEN DRIVE		MONTICELLO, IA 52310	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	133	PROPRIETARY	11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	69.2	81.3	78.5
Dressing Residents requiring some or total assistance in dressing.	94	80.3	78.3	76.5
Toileting Residents requiring some or total assistance in toileting.	71	60.7	65.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	57.3	68.3	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	53.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	24.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	79	67.5	39.2	40.9
Residents requiring restraints.	34	29.1	36.8	30.9
Confused or disoriented residents.	61	52.1	51.8	55.4
Residents with bed sores.	8	6.8	6.1	4.8
Residents receiving special skin care.	4	3.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F086 F102 F134 F135 F181* F259 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MONTROSE HLTH CTR

Street Address:		City and State:	
300 S 7TH ST		MONTROSE, IA 52639	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	82.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	78.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	55.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	51.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	60.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	27.1	28.9	30.4
Completely bedfast residents.	3	4.3	1.3	2.8
Residents confined to chairs.	17	24.3	39.2	40.9
Residents requiring restraints.	11	15.7	36.8	30.9
Confused or disoriented residents.	35	50.0	51.8	55.4
Residents with bed sores.	5	7.1	6.1	4.8
Residents receiving special skin care.	13	18.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F139 F294 F313* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORNING SUN MANOR

Street Address:		City and State:	
WASHINGTON AND MANOR RD		MORNING SUN, IA 52640	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	12/15/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	69.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	36	73.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	55.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	9	18.4	39.2	40.9
Residents requiring restraints.	13	26.5	36.8	30.9
Confused or disoriented residents.	34	69.4	51.8	55.4
Residents with bed sores.	2	4.1	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F059	F073*	F080*	F102	F126	F132*
F134	F135	F199	F224	F227	F260	F261	F294
F298	F306	F313*	F315	F328	F332*	F333	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLEARVIEW HOME

Street Address:		City and State:	
406 W WASHINGTON		MOUNT AYR, IA 50854	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	97	PROPRIETARY	10/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	72.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	67	69.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	49	51.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	43.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	49.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	14.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	10.4	39.2	40.9
Residents requiring restraints.	30	31.3	36.8	30.9
Confused or disoriented residents.	54	56.3	51.8	55.4
Residents with bed sores.	9	9.4	6.1	4.8
Residents receiving special skin care.	6	6.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060	F100	F102	F105	F130	F131*	F133*	F169
F170	F199	F224	F293*	F313*	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT AYR HEALTH CARE CTR INC

Street Address:		City and State:	
BOX 547 HWY 2 E		MOUNT AYR, IA 50854	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	53	PROPRIETARY	10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	85.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	70.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	72.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	41.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	20	41.7	39.2	40.9
Residents requiring restraints.	26	54.2	36.8	30.9
Confused or disoriented residents.	27	56.3	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	17	35.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F102	F105	F126	F128*	F130	F131*	F134
F135	F139	F170	F173*	F174	F175	F181*	F196*
F224	F250	F252	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HENRY COUNTY HEALTH CENTER

Street Address:		City and State:	
SAUNDERS PARK		MOUNT PLEASANT, IA 52641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	79	LOCAL GOVERNMENT	12/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	2	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	71.0	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	27	87.1	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	24	77.4	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	74.2	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	64.5	62.4	69.4
Residents on individually written bowel and bladder retraining program.	5	16.1	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	22.6	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	21	67.7	44.5	52.3
Residents requiring restraints.	14	45.2	38.8	40.4
Confused or disoriented residents.	25	80.6	45.3	58.6
Residents with bed sores.	3	9.7	5.9	7.6
Residents receiving special skin care.	15	48.4	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F097	F100	F102	F130	F132*	F141	F181*
F196*	F199	F218*	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLELEAF HEALTH CARE CENTER

Street Address:		City and State:	
701 MAPLELEAF DR		MOUNT PLEASANT, IA 52641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	PROPRIETARY	03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	73.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	52	72.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	56.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	54.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	54.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	33.3	28.9	30.4
Completely bedfast residents.	1	1.4	1.3	2.8
Residents confined to chairs.	0	0.0	39.2	40.9
Residents requiring restraints.	36	50.0	36.8	30.9
Confused or disoriented residents.	41	56.9	51.8	55.4
Residents with bed sores.	3	4.2	6.1	4.8
Residents receiving special skin care.	8	11.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F117 F135 F191* F224 F293* F313* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT MANOR CARE CENTER

Street Address:		City and State:	
413 N BROADWAY		MOUNT PLEASANT, IA 52641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	64.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	78.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	70.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	50.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	18	36.0	39.2	40.9
Residents requiring restraints.	12	24.0	36.8	30.9
Confused or disoriented residents.	20	40.0	51.8	55.4
Residents with bed sores.	1	2.0	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F102 F126 F127* F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HALLMARK CARE CTR

Street Address:		City and State:	
HIGHWAYS 1 AND 30		MOUNT VERNON, IA 52314	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	68	PROPRIETARY	08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	9.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	87.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	77.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	61.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	74.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	18.5	28.9	30.4
Completely bedfast residents.	1	1.9	1.3	2.8
Residents confined to chairs.	1	1.9	39.2	40.9
Residents requiring restraints.	23	42.6	36.8	30.9
Confused or disoriented residents.	25	46.3	51.8	55.4
Residents with bed sores.	6	11.1	6.1	4.8
Residents receiving special skin care.	13	24.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F128*	F130	F132*	F173*	F186	F187	F199
F224	F294	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHESDA CARE CENTER

Street Address:		City and State:	
3440 MULBERRY AVE		MUSCATINE, IA 52761	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	130	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	89.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	115	90.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	93	73.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	69.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	44.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	3.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	32.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	33	26.0	39.2	40.9
Residents requiring restraints	47	37.0	36.8	30.9
Confused or disoriented residents.	53	41.7	51.8	55.4
Residents with bed sores.	7	5.5	6.1	4.8
Residents receiving special skin care.	37	29.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F117	F126	F169	F173*	F181*
F182	F196*	F199	F224	F250	F277	F294	F298
F328	F332*	F333					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN HOME SOCIETY

Street Address:		City and State:	
HERSHEY AVE		MUSCATINE, IA 52761	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	146	NON-PROFIT OTHER	04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	71.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	102	71.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	89	62.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	65.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	55.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	2.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	21.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	23	16.2	39.2	40.9
Residents requiring restraints.	55	38.7	36.8	30.9
Confused or disoriented residents.	67	47.2	51.8	55.4
Residents with bed sores.	6	4.2	6.1	4.8
Residents receiving special skin care.	44	31.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F080* F102 F170 F224 F257

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MUSCATINE CARE CTR

Street Address:		City and State:	
2002 CEDAR ST		MUSCATINE, IA 52761	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	86.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	71.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	57	57.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	56.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	48.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	21.2	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	17	17.2	39.2	40.9
Residents requiring restraints.	36	36.4	36.8	30.9
Confused or disoriented residents.	41	41.4	51.8	55.4
Residents with bed sores.	7	7.1	6.1	4.8
Residents receiving special skin care.	19	19.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076	F077	F078	F080*	F084	F102	F117	F130
F131*	F242*	F250	F294	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MUSCATINE GENERAL HOSPITAL

Street Address:		City and State:	
1518 MULBERRY		MUSCATINE, IA 52761	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	57	LOCAL GOVERNMENT	06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	1	100	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	1	100	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	0	0.0	44.5	52.3
Residents requiring restraints.	0	0.0	38.8	40.4
Confused or disoriented residents.	0	0.0	45.3	58.6
Residents with bed sores.	0	0.0	5.9	7.6
Residents receiving special skin care.	0	0.0	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including fraquent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F074 F075 F076 F077 F078 F102 F116

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROLLING GREEN VILLAGE CARE CTR

Street Address:		City and State:	
100 SIXTH STREET		NEVADA, IA 50201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	69	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	77.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	59.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	42.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	45.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	22.8	39.2	40.9
Residents requiring restraints.	25	43.9	36.8	30.9
Confused or disoriented residents.	27	47.4	51.8	55.4
Residents with bed sores.	2	3.5	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STORY CO HOSP-ICF

Street Address:		City and State:	
630 6TH ST		NEVADA, IA 50201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	LOCAL GOVERNMENT	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	82.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	64.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	57.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	64.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	33.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	25	32.1	39.2	40.9
Residents requiring restraints.	32	41.0	36.8	30.9
Confused or disoriented residents.	47	60.3	51.8	55.4
Residents with bed sores.	5	6.4	6.1	4.8
Residents receiving special skin care.	18	23.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F117	F125*	F126	F169	F170	F181*	F196*
F199	F224	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEALTH CARE MANOR

Street Address:		City and State:	
SOUTH 4TH ST		NEW HAMPTON, IA 50659	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	PROPRIETARY	11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	77.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	86.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	54.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	86.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	28.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	25.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	34	45.9	39.2	40.9
Residents requiring restraints.	22	29.7	36.8	30.9
Confused or disoriented residents.	22	29.7	51.8	55.4
Residents with bed sores.	6	8.1	6.1	4.8
Residents receiving special skin care.	23	31.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F080*	F102	F119	F130	F131*	F169	F170
F173*	F191*	F224	F242*	F257	F261	F264	F313*
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEW HAMPTON CARE CENTER

Street Address:		City and State:	
530 S LINN		NEW HAMPTON, IA 50659	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	86.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	80.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	72.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	31.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	15	29.4	39.2	40.9
Residents requiring restraints.	22	43.1	36.8	30.9
Confused or disoriented residents.	33	64.7	51.8	55.4
Residents with bed sores.	2	3.9	6.1	4.8
Residents receiving special skin care.	17	33.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F131* F174 F227 F264 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEW LONDON CARE CTR

Street Address:		City and State:	
100 CARE CIRCLE DRIVE		NEW LONDON, IA 52645	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	68.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	59.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	55.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	27.7	39.2	40.9
Residents requiring restraints.	19	40.4	36.8	30.9
Confused or disoriented residents.	24	51.1	51.8	55.4
Residents with bed sores.	4	8.5	6.1	4.8
Residents receiving special skin care.	7	14.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEW SHARON CARE CTR

Street Address:		City and State:	
PARK AND CHERRY		NEW SHARON, IA 50207	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	63	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	45.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	36	60.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	68.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	26.7	28.9	30.4
Completely bedfast residents.	1	1.7	1.3	2.8
Residents confined to chairs.	43	71.7	39.2	40.9
Residents requiring restraints.	17	28.3	36.8	30.9
Confused or disoriented residents.	19	31.7	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F117	F135	F173*	F218*	F219	F224
F250	F257	F264	F304	F309	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEWELL GOOD SAMARITAN CTR

Street Address:		City and State:	
P O BOX 385 HWY 7 W		NEWELL, IA 50568	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT PRIVATE	12/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	78.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	76.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	54.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	48.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.0	60.7	59.1
Residents on individually written bowel and bladder retraining program	19	38.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	24	48.0	39.2	40.9
Residents requiring restraints.	12	24.0	36.8	30.9
Confused or disoriented residents.	34	68.0	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	3	6.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetont, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	43.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F170 F196* F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAREAGE OF NEWTON

Street Address:		City and State:	
2130 W 18TH ST S		NEWTON, IA 50208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	53	PROPRIETARY	12/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	9	100	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	9	100	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	66.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	44.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	11.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	0	0.0	39.2	40.9
Residents requiring restraints.	3	33.3	36.8	30.9
Confused or disoriented residents.	5	55.6	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	2	22.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F117 F173* F199 F255 F261 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EMBASSY MANOR CARE CTR

Street Address:		City and State:	
200 S 8TH AVE E		NEWTON, IA 50208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	12/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	76.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	70.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	61	69.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	60.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	61.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	15.9	28.9	30.4
Completely bedfast residents.	3	3.4	1.3	2.8
Residents confined to chairs.	33	37.5	39.2	40.9
Residents requiring restraints.	30	34.1	36.8	30.9
Confused or disoriented residents.	30	34.1	51.8	55.4
Residents with bed sores.	9	10.2	6.1	4.8
Residents receiving special skin care.	9	10.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F100	F102	F119	F127*	F130	F131*
F134	F136	F139	F169	F170	F175	F180	F181*
F182	F196*	F199	F210	F236	F256	F260	F264
F294	F313*	F328	F330	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE MANOR CARE CTR

Street Address:		City and State:	
1743 S 8TH AVE E		NEWTON, IA 50208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	62	PROPRIETARY	11/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	81.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	75.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	62.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	6	10.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	41.4	28.9	30.4
Completely bedfast residents.	1	1.7	1.3	2.8
Residents confined to chairs.	17	29.3	39.2	40.9
Residents requiring restraints.	19	32.8	36.8	30.9
Confused or disoriented residents.	20	34.5	51.8	55.4
Residents with bed sores.	4	6.9	6.1	4.8
Residents receiving special skin care.	20	34.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	178	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.6	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F117	F135	F169	F170	F173*	F180
F181*	F182	F196*	F199	F210	F242*	F277	F294
F328							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JASPER CO CARE FACILITY

Street Address:		City and State:	
RR 4		NEWTON, IA 50208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	LOCAL GOVERNMENT	02/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	97.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	93.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	82.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	82.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	82.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	46.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	8	17.8	39.2	40.9
Residents requiring restraints.	18	40.0	36.8	30.9
Confused or disoriented residents.	35	77.8	51.8	55.4
Residents with bed sores.	4	8.9	6.1	4.8
Residents receiving special skin care.	35	77.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F105 F118 F126 F198 F199 F257 F258
F264 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NELSON MANOR

Street Address:		City and State:	
1500 FIRST AVE EAST		NEWTON, IA 50208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	PROPRIETARY	03/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	94.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	50.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	47.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	61.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	17.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	4	11.8	39.2	40.9
Residents requiring restraints.	12	35.3	36.8	30.9
Confused or disoriented residents.	17	50.0	51.8	55.4
Residents with bed sores.	1	2.9	6.1	4.8
Residents receiving special skin care.	7	20.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F057	F069	F102	F242*	F251	F257	F259
F294	F345*	F353	F359				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORA SPRINGS CARE CENTER

Street Address:		City and State:	
HIGHWAY 18 WEST		NORA SPRINGS, IA 50458	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	97.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	78.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	75.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	68.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	65.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	17.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	16	39.0	39.2	40.9
Residents requiring restraints.	19	46.3	36.8	30.9
Confused or disoriented residents.	23	56.1	51.8	55.4
Residents with bed sores.	3	7.3	6.1	4.8
Residents receiving special skin care.	41	100	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F126 F134 F170 F181*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ENGLISH VALLEY NH

Street Address:		City and State:	
BOX 156		NORTH ENGLISH, IA 52316	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	67	PROPRIETARY	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	73.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	54	80.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	64.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	56.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	56.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	9	13.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	23.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	19	28.4	39.2	40.9
Residents requiring restraints.	19	28.4	36.8	30.9
Confused or disoriented residents.	31	46.3	51.8	55.4
Residents with bed sores.	1	1.5	6.1	4.8
Residents receiving special skin care.	12	17.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F117	F127*	F131*	F224	F242*	F252
F255	F294	F327					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN RET HOME INC

Street Address:		City and State:	
700 10TH STREET NORTH		NORTHWOOD, IA 50459	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	NON-PROFIT RELIGIOUS	02/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	69.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	51.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	53.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	41.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	39	49.4	39.2	40.9
Residents requiring restraints.	33	41.8	36.8	30.9
Confused or disoriented residents.	28	35.4	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	2	2.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F196* F199 F261 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORWALK MANOR CARE CTR

Street Address:		City and State:	
921 SUNSET DR		NORWALK, IA 50211	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	09/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	64.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	80.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	62.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	62.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	18	36.0	39.2	40.9
Residents requiring restraints.	14	28.0	36.8	30.9
Confused or disoriented residents.	25	50.0	51.8	55.4
Residents with bed sores.	3	6.0	6.1	4.8
Residents receiving special skin care.	4	8.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F101	F102	F169	F170	F185	F191*	F196*
F199	F224	F264	F294	F313*	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REGENCY CARE CTR

Street Address:		City and State:	
815 HIGH RD		NORWALK, IA 50211	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	89.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	74.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	58	66.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	70.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	71.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	35	40.2	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	25.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	20	23.0	39.2	40.9
Residents requiring restraints.	41	47.1	36.8	30.9
Confused or disoriented residents.	50	57.5	51.8	55.4
Residents with bed sores.	5	5.7	6.1	4.8
Residents receiving special skin care.	10	11.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F078 F102 F126 F134 F135 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKLAND MANOR INC

Street Address:		City and State:	
737 N HIGHWAY ST		OAKLAND, IA 51560	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	67	PROPRIETARY	01/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	40.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	82.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	61.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	55.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	41.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.9	28.9	30.4
Completely bedfast residents.	1	1.5	1.3	2.8
Residents confined to chairs.	36	53.7	39.2	40.9
Residents requiring restraints.	19	28.4	36.8	30.9
Confused or disoriented residents.	27	40.3	51.8	55.4
Residents with bed sores.	1	1.5	6.1	4.8
Residents receiving special skin care.	12	17.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	337	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F170 F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL MANOR OF ODEBOLT

Street Address:		City and State:	
HIGHWAY 39		ODEBOLT, IA 51458	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	NON-PROFIT PRIVATE	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	60.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	77.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	54.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	57.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	54.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	28.6	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	8	12.7	39.2	40.9
Residents requiring restraints.	27	42.9	36.8	30.9
Confused or disoriented residents.	50	79.4	51.8	55.4
Residents with bed sores.	4	6.3	6.1	4.8
Residents receiving special skin care.	4	6.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F196*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRANDVIEW NURSING CTR

Street Address:		City and State:	
800 5TH ST SE		OELWEIN, IA 50662	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	83	PROPRIETARY	06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	97.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	71.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	68.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	68.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	66.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	3.7	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	42.5	28.9	30.4
Completely bedfast residents.	4	5.0	1.3	2.8
Residents confined to chairs.	52	65.0	39.2	40.9
Residents requiring restraints.	34	42.5	36.8	30.9
Confused or disoriented residents.	55	68.8	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	8	10.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F097 F126 F217 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OELWEIN CARE CENTER

Street Address:		City and State:	
600 7TH ST SE		OELWEIN, IA 50662	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	PROPRIETARY	09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	91.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	95.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	73.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	83.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	50	83.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	48.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	38	63.3	39.2	40.9
Residents requiring restraints.	34	56.7	36.8	30.9
Confused or disoriented residents.	46	76.7	51.8	55.4
Residents with bed sores.	7	11.7	6.1	4.8
Residents receiving special skin care.	7	11.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F080*	F126	F130	F169	F170	F191*	F217
F224	F259	F260	F261				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OGDEN MANOR

Street Address:		City and State:	
625 E OAK		OGDEN, IA 50212	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	57	PROPRIETARY	02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	91.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	75.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	70.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.6	28.9	30.4
Completely bedfast residents.	1	1.8	1.3	2.8
Residents confined to chairs.	13	22.8	39.2	40.9
Residents requiring restraints.	24	42.1	36.8	30.9
Confused or disoriented residents.	20	35.1	51.8	55.4
Residents with bed sores.	4	7.0	6.1	4.8
Residents receiving special skin care.	30	52.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F117	F134	F135	F170	F191*	F196*
F224	F246	F256	F263	F288	F296	F297	F298
F313*	F328	F345*	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELMWOOD CARE CENTER

Street Address:		City and State:	
222 N 15TH ST		ONAWA, IA 51040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	99	PROPRIETARY	08/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	92.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	80	83.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	57	59.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	61.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	42.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	47.9	28.9	30.4
Completely bedfast residents.	1	1.0	1.3	2.8
Residents confined to chairs.	58	60.4	39.2	40.9
Residents requiring restraints.	48	50.0	36.8	30.9
Confused or disoriented residents.	32	33.3	51.8	55.4
Residents with bed sores.	4	4.2	6.1	4.8
Residents receiving special skin care.	15	15.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F134	F180	F191*	F196*	F217	F219	F224
F262	F294	F328	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE HOUSE

Street Address:		City and State:	
519 ALBANY SE		ORANGE CITY, IA 51041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	12/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	35.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	47.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	22	45.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	43.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	43.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	7	14.6	39.2	40.9
Residents requiring restraints.	13	27.1	36.8	30.9
Confused or disoriented residents.	28	58.3	51.8	55.4
Residents with bed sores.	1	2.1	6.1	4.8
Residents receiving special skin care.	5	10.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F129*	F130	F132*	F133*	F134	F135	F191*
F199	F218*	F259	F296	F319			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ORANGE CITY MUNICIPAL HOSPITAL

Street Address:		City and State:	
115 FOURTH STREET NW		ORANGE CITY, IA 51041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	13	LOCAL GOVERNMENT	03/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
12	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	50.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	11	91.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	9	75.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	75.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	83.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	8.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	1	8.3	39.2	40.9
Residents requiring restraints.	2	16.7	36.8	30.9
Confused or disoriented residents.	5	41.7	51.8	55.4
Residents with bed sores.	1	8.3	6.1	4.8
Residents receiving special skin care.	2	16.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F074	F075	F076	F077	F078	F102	F105
F119	F126	F170	F223	F224	F250	F257	F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAITH LUTHERAN HOME

Street Address:		City and State:	
914 CHERRY ST		OSAGE, IA 50461	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	65.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	76.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	50.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	61.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	30.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.8	28.9	30.4
Completely bedfast residents.	1	1.8	1.3	2.8
Residents confined to chairs.	13	23.6	39.2	40.9
Residents requiring restraints.	14	25.5	36.8	30.9
Confused or disoriented residents.	24	43.6	51.8	55.4
Residents with bed sores.	3	5.5	6.1	4.8
Residents receiving special skin care.	11	20.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F174 F224 F250 F313* F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLE MANOR

Street Address:		City and State:	
830 S 5TH ST		OSAGE, IA 50461	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	77	PROPRIETARY	03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	98.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	72.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	64.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	62.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	16.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	12	20.3	39.2	40.9
Residents requiring restraints.	15	25.4	36.8	30.9
Confused or disoriented residents.	15	25.4	51.8	55.4
Residents with bed sores.	14	23.7	6.1	4.8
Residents receiving special skin care.	11	18.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125* F128* F130 F134 F170 F287 F288 F298
F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OSCEOLA LEISURE MANOR

Street Address:		City and State:	
HWY 69 NORTH		OSCEOLA, IA 50213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	NON-PROFIT PRIVATE	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	94.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	92.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	57.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	67.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	57.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	13.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	45	58.4	39.2	40.9
Residents requiring restraints.	25	32.5	36.8	30.9
Confused or disoriented residents.	36	46.8	51.8	55.4
Residents with bed sores.	10	13.0	6.1	4.8
Residents receiving special skin care.	24	31.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F130	F131*	F132*	F134	F135	F139	F170
F181*	F199	F224	F242*	F264	F277	F293*	F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAHASKA MANOR

Street Address:		City and State:	
914 N 12TH		OSKALOOSA, IA 52577	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	NON-PROFIT PRIVATE	11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	78.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	75	86.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	63	72.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	73.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	67.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	34.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	39	44.8	39.2	40.9
Residents requiring restraints.	42	48.3	36.8	30.9
Confused or disoriented residents.	33	37.9	51.8	55.4
Residents with bed sores.	3	3.4	6.1	4.8
Residents receiving special skin care.	37	42.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F085*	F099	F100	F101	F102	F105
F117	F119	F126	F127*	F131*	F132*	F134	F135
F139	F168*	F169	F170	F172	F173*	F174	F175
F176	F180	F191*	F196*	F199	F223	F224	F236
F242*	F250	F260	F261	F263	F264	F277	F287
F298	F313*	F332*	F345*	F346	F348	F349	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT PARK MANOR

Street Address:		City and State:	
1514 HIGH AVE WEST		OSKALOOSA, IA 52577	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	75	86.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	77.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	74.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	64.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	19	21.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.6	28.9	30.4
Completely bedfast residents.	1	1.1	1.3	2.8
Residents confined to chairs.	22	25.3	39.2	40.9
Residents requiring restraints.	37	42.5	36.8	30.9
Confused or disoriented residents.	45	51.7	51.8	55.4
Residents with bed sores.	5	5.7	6.1	4.8
Residents receiving special skin care.	1	1.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F054	F057	F084	F091*	F092	F096	F097
F102	F117	F130	F132*	F134	F174	F227	F236
F237*	F251	F261	F313*	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OSSIAN SENIOR HOSPICE

Street Address:		City and State:	
BOX 98-FISHER ST		OSSIAN, IA 52161	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	38	NON-PROFIT OTHER	12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	84.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	73.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	63.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	63.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	12	31.6	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	39.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	17	44.7	39.2	40.9
Residents requiring restraints.	15	39.5	36.8	30.9
Confused or disoriented residents.	29	76.3	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	11	28.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F199 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OTTUMWA GOOD SAMARITAN

Street Address:		City and State:	
2035 W CHESTER		OTTUMWA, IA 52501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	126	NON-PROFIT OTHER	11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	60.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	72	60.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	72	60.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	63.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	39.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	38	31.9	39.2	40.9
Residents requiring restraints.	29	24.4	36.8	30.9
Confused or disoriented residents.	53	44.5	51.8	55.4
Residents with bed sores.	7	5.9	6.1	4.8
Residents receiving special skin care.	36	30.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F170 F196* F199 F250 F257 F259 F261
F277 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OTTUMWA MANOR NH

Street Address:		City and State:	
927 E PENNSYLVANIA		OTTUMWA, IA 52501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	65.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	95	100	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	61	64.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	64.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	100	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	43.2	28.9	30.4
Completely bedfast residents.	2	2.1	1.3	2.8
Residents confined to chairs.	61	64.2	39.2	40.9
Residents requiring restraints.	33	34.7	36.8	30.9
Confused or disoriented residents.	62	65.3	51.8	55.4
Residents with bed sores.	11	11.6	6.1	4.8
Residents receiving special skin care.	1	1.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F102	F105	F126	F130	F131*	F134
F170	F173*	F181*	F199	F217	F224	F227	F242*
F264	F277	F293*	F310	F313*	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OTTUMWA REG HEALTH CTR

Street Address:		City and State:	
1000 EAST PENN AVENUE		OTTUMWA, IA 52501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	275	NON-PROFIT PRIVATE	12/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	13	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	53.8	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	13	100	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	10	76.9	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	46.2	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	23.1	38.2	39.1
Completely bedfast residents.	2	15.4	4.5	3.2
Residents confined to chairs.	5	38.5	44.5	52.3
Residents requiring restraints.	4	30.8	38.8	40.4
Confused or disoriented residents.	7	53.8	45.3	58.6
Residents with bed sores.	3	23.1	5.9	7.6
Residents receiving special skin care.	3	23.1	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F068	F080*	F096	F097	F106*	F110	F114	F116
F118	F119	F130	F169	F170	F196*	F218*	F328
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIDGEWOOD CARE CTR INC

Street Address:		City and State:	
1977 ALBIA RD		OTTUMWA, IA 52501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	82.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	60.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	58.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	45.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	45.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	8	15.7	39.2	40.9
Residents requiring restraints.	15	29.4	36.8	30.9
Confused or disoriented residents.	24	47.1	51.8	55.4
Residents with bed sores.	3	5.9	6.1	4.8
Residents receiving special skin care.	1	2.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F135 F139 F217 F224 F251

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNNYSLOPE CARE CENTER

Street Address:		City and State:	
RR 1 E STELLAR		OTTUMWA, IA 52501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	LOCAL GOVERNMENT	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	74.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	51	94.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	61.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	70.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	61.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	18.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	38	70.4	39.2	40.9
Residents requiring restraints.	22	40.7	36.8	30.9
Confused or disoriented residents.	35	64.8	51.8	55.4
Residents with bed sores.	4	7.4	6.1	4.8
Residents receiving special skin care.	21	38.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	26	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F135 F170 F176 F224 F227 F264
F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRAFT CARE CENTER

Street Address:		City and State:	
805 EAST MAIN ST		PANORA, IA 50216	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	91.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	53	65.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	48.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	59.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	42.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	17.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	35	43.2	39.2	40.9
Residents requiring restraints.	23	28.4	36.8	30.9
Confused or disoriented residents.	56	69.1	51.8	55.4
Residents with bed sores.	5	6.2	6.1	4.8
Residents receiving special skin care.	14	17.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and trachectomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F126	F131*	F133*	F134	F135	F170
F173*	F174	F175	F187	F224	F227	F264	F294
F332*	F349						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WIDE VIEW REST HOME

Street Address:		City and State:	
423 N WILLOW		PAULLINA, IA 51046	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	41	PROPRIETARY	11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	70.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	77.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	25	62.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	55.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	22.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	11	27.5	39.2	40.9
Residents requiring restraints.	4	10.0	36.8	30.9
Confused or disoriented residents.	24	60.0	51.8	55.4
Residents with bed sores.	1	2.5	6.1	4.8
Residents receiving special skin care.	3	7.5	19.3	22.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.0
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PELLA COMM HOSP-ICF

Street Address:		City and State:	
404 JEFFERSON		PELLA, IA 50219	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	111	NON-PROFIT OTHER	02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	82.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	100	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	90.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	77.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	70.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	25	41.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	34.4	28.9	30.4
Completely bedfast residents.	2	3.3	1.3	2.8
Residents confined to chairs.	46	75.4	39.2	40.9
Residents requiring restraints.	40	65.6	36.8	30.9
Confused or disoriented residents.	51	83.6	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	10	16.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F126 F224 F296 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PERRY LUTHERAN HOME FOR THE AGED

Street Address:		City and State:	
2323 WILLIS AVE		PERRY, IA 50220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	NON-PROFIT RELIGIOUS	10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	63.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	76	71.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	53	49.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	55.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	53.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	20.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	14	13.1	39.2	40.9
Residents requiring restraints.	41	38.3	36.8	30.9
Confused or disoriented residents.	58	54.2	51.8	55.4
Residents with bed sores.	7	6.5	6.1	4.8
Residents receiving special skin care.	19	17.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F126	F169	F191*	F196*	F224
F257	F293*	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PERRY MANOR NH

Street Address:		City and State:	
2625 IOWA ST		PERRY, IA 50220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	05/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	97.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	59.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	53.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	59.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	100	28.9	30.4
Completely bedfast residents.	32	68.1	1.3	2.8
Residents confined to chairs.	15	31.9	39.2	40.9
Residents requiring restraints.	19	40.4	36.8	30.9
Confused or disoriented residents.	0	0.0	51.8	55.4
Residents with bed sores.	12	25.5	6.1	4.8
Residents receiving special skin care.	1	2.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F101	F118	F126	F128*	F129*	F130	F131*
F132*	F134	F170	F175	F191*	F217	F218*	F236
F252	F262	F293*	F294	F305	F313*	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROWLEY MEMORIAL MASONIC HOME

Street Address:		City and State:	
300 E WILLIS		PERRY, IA 50220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	48	NON-PROFIT OTHER	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	73.2	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	37	90.2	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	30	73.2	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	70.7	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	63.4	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	34.1	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	13	31.7	44.5	52.3
Residents requiring restraints.	11	26.8	38.8	40.4
Confused or disoriented residents.	23	56.1	45.3	58.6
Residents with bed sores.	1	2.4	5.9	7.6
Residents receiving special skin care.	8	19.5	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F130 F132* F255

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERVIEW MANOR

Street Address:		City and State:	
SPENCER ROAD BOX 50		PLEASANT VALLEY, IA 52767	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	98.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	87.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	77.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	71.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	79.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	31	63.3	39.2	40.9
Residents requiring restraints.	18	36.7	36.8	30.9
Confused or disoriented residents.	10	20.4	51.8	55.4
Residents with bed sores.	45	91.8	6.1	4.8
Residents receiving special skin care.	5	10.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	106	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F085* F118 F139 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT CARE LIVING CENTER

Street Address:		City and State:	
909 N STATE ST		PLEASANTVILLE, IA 50225	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	57	PROPRIETARY	02/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	83.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	89.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	63.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	74.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	29.1	28.9	30.4
Completely bedfast residents.	2	3.6	1.3	2.8
Residents confined to chairs.	20	36.4	39.2	40.9
Residents requiring restraints.	23	41.8	36.8	30.9
Confused or disoriented residents.	30	54.5	51.8	55.4
Residents with bed sores.	7	12.7	6.1	4.8
Residents receiving special skin care.	20	36.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.3	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F106*	F126	F132*	F134	F135	F136	F139
F181*	F191*	F199	F224	F264	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POCAHONTAS MANOR CARE CENTER

Street Address:		City and State:	
700 NW 7TH STREET		POCAHONTAS, IA 50574	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	05/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	74.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	48	76.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	69.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	52.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	65.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	29	46.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	44.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	5	7.9	39.2	40.9
Residents requiring restraints.	33	52.4	36.8	30.9
Confused or disoriented residents.	33	52.4	51.8	55.4
Residents with bed sores.	5	7.9	6.1	4.8
Residents receiving special skin care.	16	25.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F082	F101	F102	F117	F125*	F126	F128*
F129*	F130	F131*	F132*	F133*	F134	F135	F144
F170	F173*	F174	F199	F224	F227	F252	F255
F257	F258	F261	F262	F263	F293*	F297	F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POLK CITY MANOR

Street Address:		City and State:	
1002 NW 114TH STREET		POLK CITY, IA 50226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	68	PROPRIETARY	01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	34.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	74.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	62.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	44.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	15	25.9	39.2	40.9
Residents requiring restraints.	19	32.8	36.8	30.9
Confused or disoriented residents.	28	48.3	51.8	55.4
Residents with bed sores.	4	6.9	6.1	4.8
Residents receiving special skin care.	13	22.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F126	F127*	F133*	F135	F181*	F182	F191*
F196*	F199	F313*	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POMEROY CARE CENTER

Street Address:		City and State:	
EAST SEVENTH STREET		POMEROY, IA 50575	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	PROPRIETARY	12/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	76.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	74.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	66.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	55.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	19	40.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	48.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	11	23.4	39.2	40.9
Residents requiring restraints.	19	40.4	36.8	30.9
Confused or disoriented residents.	27	57.4	51.8	55.4
Residents with bed sores.	3	6.4	6.1	4.8
Residents receiving special skin care.	15	31.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F144 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COMMUNITY MEMORIAL HOSPITAL ICF

Street Address:		City and State:	
HOSPITAL AND OAK RD		POSTVILLE, IA 52162	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	32	LOCAL GOVERNMENT	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
8	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	75.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	5	62.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	62.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	62.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	12.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	5	62.5	39.2	40.9
Residents requiring restraints.	3	37.5	36.8	30.9
Confused or disoriented residents.	3	37.5	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	8	100	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F105 F130 F198 F199 F257 F264 F294
F313* F319

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POSTVILLE GOOD SAMARITAN CENTER

Street Address:		City and State:	
POB 716 COUNTY LINE ROAD		POSTVILLE, IA 52162	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	NON-PROFIT OTHER	08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	51.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	52	86.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	65.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	40.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	26.7	28.9	30.4
Completely bedfast residents.	1	1.7	1.3	2.8
Residents confined to chairs.	18	30.0	39.2	40.9
Residents requiring restraints.	21	35.0	36.8	30.9
Confused or disoriented residents.	35	58.3	51.8	55.4
Residents with bed sores.	1	1.7	6.1	4.8
Residents receiving special skin care.	14	23.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F117 F170 F199 F224 F227 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLEARVIEW MANOR CARE CENTER

Street Address:		City and State:	
501 NORTH SHERMAN		PRAIRIE CITY, IA 50228	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	10/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	70.5	81.3	78.5
Dressing Residents requiring some or total assistance in dressing.	60	76.9	78.3	76.5
Toileting Residents requiring some or total assistance in toileting.	56	71.8	65.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	65.4	68.3	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	71.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	34.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	51	65.4	39.2	40.9
Residents requiring restraints.	43	55.1	36.8	30.9
Confused or disoriented residents.	50	64.1	51.8	55.4
Residents with bed sores.	4	5.1	6.1	4.8
Residents receiving special skin care.	16	20.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F199 F250 F277 F288 F293* F294 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PRIMGHAR CARE CENTER

Street Address:		City and State:	
735 NORTH RERICK		PRIMGHAR, IA 51245	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	PROPRIETARY	01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	86.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	29	76.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	63.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	57.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	50.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	23.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	17	44.7	39.2	40.9
Residents requiring restraints.	12	31.6	36.8	30.9
Confused or disoriented residents.	14	36.8	51.8	55.4
Residents with bed sores.	2	5.3	6.1	4.8
Residents receiving special skin care.	8	21.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
RED OAK GOOD SAMARITAN CENTER

Street Address:		City and State:	
201 ALIX AVE		RED OAK, IA 51566	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	NON-PROFIT PRIVATE	12/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	41.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	84.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	69.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	58.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	64.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	30.1	28.9	30.4
Completely bedfast residents.	1	1.4	1.3	2.8
Residents confined to chairs.	28	38.4	39.2	40.9
Residents requiring restraints.	31	42.5	36.8	30.9
Confused or disoriented residents.	26	35.6	51.8	55.4
Residents with bed sores.	4	5.5	6.1	4.8
Residents receiving special skin care.	25	34.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are enccuraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F126	F131*	F132*	F133*	F135	F196*
F217	F224	F242*	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VISTA GARDENS N H

Street Address:		City and State:	
1600 SUMMIT		RED OAK, IA 51566	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	PROPRIETARY	11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	83.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	73.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	60.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	57.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	60.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	29.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	51	65.4	39.2	40.9
Residents requiring restraints.	34	43.6	36.8	30.9
Confused or disoriented residents.	39	50.0	51.8	55.4
Residents with bed sores.	9	11.5	6.1	4.8
Residents receiving special skin care.	33	42.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F100	F102	F105	F130	F131*	F173*	F191*
F199	F224	F250	F252	F262	F287	F294	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW MANOR INC

Street Address:		City and State:	
1009 3RD ST		REINBECK, IA 50669	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	PROPRIETARY	02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	71.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	36	67.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	54.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	75.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	50.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	24.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	11	20.8	39.2	40.9
Residents requiring restraints.	19	35.8	36.8	30.9
Confused or disoriented residents.	26	49.1	51.8	55.4
Residents with bed sores.	2	3.8	6.1	4.8
Residents receiving special skin care.	9	17.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F119	F131*	F169	F170	F176	F255	F256
F260	F261	F293*	F294	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAPPY SIESTA NH

Street Address:		City and State:	
424 ROOSEVELT		REMSEN, IA 51050	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	PROPRIETARY	03/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	62.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	63.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	63.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	54.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	36.1	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	15	24.6	39.2	40.9
Residents requiring restraints.	26	42.6	36.8	30.9
Confused or disoriented residents.	26	42.6	51.8	55.4
Residents with bed sores.	1	1.6	6.1	4.8
Residents receiving special skin care.	7	11.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F257 F258 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RICEVILLE COMMUNITY REST HOME

Street Address:		City and State:	
RR 1-BOX 40		RICEVILLE, IA 50466	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	49	NON-PROFIT OTHER	12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	91.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	55.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	57.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	55.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	38.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	21.3	39.2	40.9
Residents requiring restraints.	18	38.3	36.8	30.9
Confused or disoriented residents.	13	27.7	51.8	55.4
Residents with bed sores.	1	2.1	6.1	4.8
Residents receiving special skin care.	2	4.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F102	F105	F117	F131*	F134	F139	F170
F176	F188	F191*	F199	F242*	F244	F261	F264
F294	F313*	F330					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LYON MANOR CARE CTR

Street Address:		City and State:	
1010 S UNION ST		ROCK RAPIDS, IA 51246	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	90.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	90.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	60.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	70.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	49.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	33.3	28.9	30.4
Completely bedfast residents.	1	2.0	1.3	2.8
Residents confined to chairs.	16	31.4	39.2	40.9
Residents requiring restraints.	13	25.5	36.8	30.9
Confused or disoriented residents.	23	45.1	51.8	55.4
Residents with bed sores.	1	2.0	6.1	4.8
Residents receiving special skin care.	3	5.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ROCK RAPIDS HEALTH CENTRE

Street Address:		City and State:	
703 S UNION		ROCK RAPIDS, IA 51246	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	PROPRIETARY	11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	90.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	56	88.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	48	76.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	55.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	54.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	25.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	20.6	39.2	40.9
Residents requiring restraints.	28	44.4	36.8	30.9
Confused or disoriented residents.	24	38.1	51.8	55.4
Residents with bed sores.	15	23.8	6.1	4.8
Residents receiving special skin care.	14	22.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F175 F224 F257 F293* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEGG MEMORIAL HOSP VALLEY MANOR

Street Address:		City and State:	
1300 21ST AVE		ROCK VALLEY, IA 51247	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	95	NON-PROFIT OTHER	05/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	73	77.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	53.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	98.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	58.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	34.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	24	25.5	39.2	40.9
Residents requiring restraints.	38	40.4	36.8	30.9
Confused or disoriented residents.	49	52.1	51.8	55.4
Residents with bed sores.	6	6.4	6.1	4.8
Residents receiving special skin care.	17	18.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F126	F170	F181*	F196*	F198	F199
F217	F260	F261	F277	F285	F297	F330	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNNY KNOLL CARE CTR

Street Address:		City and State:	
700 EAST LAKE ST		ROCKWELL CITY, IA 50579	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	41	PROPRIETARY	09/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	29	78.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	70.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	59.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	59.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	27.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	23	62.2	39.2	40.9
Residents requiring restraints.	9	24.3	36.8	30.9
Confused or disoriented residents.	20	54.1	51.8	55.4
Residents with bed sores.	4	10.8	6.1	4.8
Residents receiving special skin care.	4	10.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F132* F139 F170 F199 F224 F242* F255
F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROCKWELL COMMUNITY NURSING HOME

Street Address:		City and State:	
707 ELM ST		ROCKWELL, IA 50469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	52	PROPRIETARY	03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	85.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	57.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	76.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.9	28.9	30.4
Completely bedfast residents.	1	2.1	1.3	2.8
Residents confined to chairs.	30	63.8	39.2	40.9
Residents requiring restraints.	17	36.2	36.8	30.9
Confused or disoriented residents.	19	40.4	51.8	55.4
Residents with bed sores.	2	4.3	6.1	4.8
Residents receiving special skin care.	2	4.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.0

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F199 F297 F306 F313* F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROLFE CARE CENTER

Street Address:		City and State:	
303 2ND ST		ROLFE, IA 50581	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	33	PROPRIETARY	07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	85.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	22	78.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	71.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	60.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	28.6	28.9	30.4
Completely bedfast residents.	1	3.6	1.3	2.8
Residents confined to chairs.	2	7.1	39.2	40.9
Residents requiring restraints.	12	42.9	36.8	30.9
Confused or disoriented residents.	18	64.3	51.8	55.4
Residents with bed sores.	2	7.1	6.1	4.8
Residents receiving special skin care.	28	100	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F134	F196*	F199	F252	F255	F261	F297
F306	F313*	F328					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RUTHVEN COMMUNITY CARE CENTER ICF

Street Address:		City and State:	
BOX O		RUTHVEN, IA 51358	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT PRIVATE	11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	97.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	66.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	51.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	53.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	48.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	9	20.0	39.2	40.9
Residents requiring restraints.	8	17.8	36.8	30.9
Confused or disoriented residents.	21	46.7	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	4	8.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F093	F102	F105	F126	F130	F135	F188
F196*	F257	F279					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LORING HOSPITAL-ICF

Street Address:		City and State:	
HIGHLAND AVE		SAC CITY, IA 50583	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	NON-PROFIT OTHER	09/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	85.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	17	85.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	16	80.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	80.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	5.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	20.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	5	25.0	39.2	40.9
Residents requiring restraints.	10	50.0	36.8	30.9
Confused or disoriented residents.	13	65.0	51.8	55.4
Residents with bed sores.	1	5.0	6.1	4.8
Residents receiving special skin care.	1	5.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F118 F126 F130 F169 F196* F199 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW MANOR

Street Address:		City and State:	
601 PARK AVENUE		SAC CITY, IA 50583	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	77	PROPRIETARY	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	97.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	81.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	50.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	53.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	48.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	5.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	57.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	12	15.8	39.2	40.9
Residents requiring restraints.	22	28.9	36.8	30.9
Confused or disoriented residents.	26	34.2	51.8	55.4
Residents with bed sores.	4	5.3	6.1	4.8
Residents receiving special skin care.	2	2.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	3*	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST ANSGAR GOOD SAMARITAN CTR

Street Address:		City and State:	
701 E 4TH ST		SAINT ANSGAR, IA 50472	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	76	NON-PROFIT RELIGIOUS	05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	95.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	63	86.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	57	78.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	68.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	71.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	27.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	16	21.9	39.2	40.9
Residents requiring restraints.	28	38.4	36.8	30.9
Confused or disoriented residents.	35	47.9	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	16	21.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F101	F102	F130	F134	F135	F170	F218*
F263	F313*	F314					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PRAIRIE VIEW HOME

Street Address:		City and State:	
HIWAY 18		SANBORN, IA 51248	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	73	PROPRIETARY	01/02/90

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	78.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	78.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	64.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	71.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	50.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	22.9	28.9	30.4
Completely bedfast residents.	2	2.9	1.3	2.8
Residents confined to chairs.	51	72.9	39.2	40.9
Residents requiring restraints.	17	24.3	36.8	30.9
Confused or disoriented residents.	27	38.6	51.8	55.4
Residents with bed sores.	1	1.4	6.1	4.8
Residents receiving special skin care.	31	44.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F084	F101	F102	F105	F126	F130	F131*
F134	F169	F172	F173*	F174	F175	F176	F199
F224	F257	F260	F261	F262	F277	F293*	F294
F313*	F328						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLOCKTOWER VILLAGE

Street Address:		City and State:	
206 PORT NEAL RD		SERGEANT BLUFF, IA 51054	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	12	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	100	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	48	92.3	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	48	92.3	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	82.7	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	59.6	38.2	39.1
Completely bedfast residents.	3	5.8	4.5	3.2
Residents confined to chairs.	37	71.2	44.5	52.3
Residents requiring restraints.	23	44.2	38.8	40.4
Confused or disoriented residents.	44	84.6	45.3	58.6
Residents with bed sores.	10	19.2	5.9	7.6
Residents receiving special skin care.	38	73.1	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	NOT MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F085*	F094*	F098	F100	F101	F102	F123*
F124	F126	F127*	F128*	F129*	F130	F131*	F132*
F133*	F134	F135	F137	F139	F238	F252	F313*
F321	F324*	F332*	F333	F340*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEYMOUR CARE CTR INC

Street Address:		City and State:	
EAST 4TH AND MORGAN		SEYMOUR, IA 52590	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	58.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	47.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	54.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	58.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	33.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	9	18.8	39.2	40.9
Residents requiring restraints.	15	31.3	36.8	30.9
Confused or disoriented residents.	26	54.2	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	19	39.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F066 F131* F199 F252 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHEFFIELD CARE CTR

Street Address:		City and State:	
100 BENNETT DR		SHEFFIEI D, IA 50475	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	NON-PROFIT OTHER	08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	79.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	50	94.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	79.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	77.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	58.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	32.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	22	41.5	39.2	40.9
Residents requiring restraints.	23	43.4	36.8	30.9
Confused or disoriented residents.	43	81.1	51.8	55.4
Residents with bed sores.	4	7.5	6.1	4.8
Residents receiving special skin care.	7	13.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F101	F102	F126	F130	F131*	F132*	F169
F170	F173*	F174	F175	F199	F218*	F244	F257
F260	F261						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHWEST IOWA HEALTH CENTER ICF

Street Address:		City and State:	
118 NORTH SEVENTH AVE		SHELDON, IA 51201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	87	NON-PROFIT OTHER	04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	82.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	74.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	23.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	9	17.6	39.2	40.9
Residents requiring restraints.	17	33.3	36.8	30.9
Confused or disoriented residents.	19	37.3	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F191* F199 F224 F297 F306 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHELL ROCK CARE CENTER

Street Address:		City and State:	
KELLY + WAVERLY RD		SHELL ROCK, IA 50670	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	67.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	86.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	73.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	82.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	53.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	22	42.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	34.6	28.9	30.4
Completely bedfast residents.	1	1.9	1.3	2.8
Residents confined to chairs.	14	26.9	39.2	40.9
Residents requiring restraints.	30	57.7	36.8	30.9
Confused or disoriented residents.	10	19.2	51.8	55.4
Residents with bed sores.	4	7.7	6.1	4.8
Residents receiving special skin care.	17	32.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F102	F126	F134	F139	F170	F186	F187
F191*	F218*	F219	F224	F242*	F264	F306	F313*
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELM HEIGHTS CARE CENTER

Street Address:		City and State:	
1203 SOUTH ELM STREET		SHENANDOAH, IA 51601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	NON-PROFIT OTHER	06/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	86.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	91.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	77.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	73.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	68.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	28.9	28.9	30.4
Completely bedfast residents.	3	6.7	1.3	2.8
Residents confined to chairs.	24	53.3	39.2	40.9
Residents requiring restraints.	22	48.9	36.8	30.9
Confused or disoriented residents.	23	51.1	51.8	55.4
Residents with bed sores.	3	6.7	6.1	4.8
Residents receiving special skin care.	3	6.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F100 F102 F130 F131* F134 F170 F173*
F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GARDEN VIEW CARE CENTER

Street Address:		City and State:	
1200 W NISHNA RD		SHENANDOAH, IA 51601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	91.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	84	89.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	71.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	60.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	25.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	33	35.1	39.2	40.9
Residents requiring restraints.	45	47.9	36.8	30.9
Confused or disoriented residents.	52	55.3	51.8	55.4
Residents with bed sores.	8	8.5	6.1	4.8
Residents receiving special skin care.	22	23.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F081	F084	F099	F100	F102	F105	F128*	F129*
F131*	F134	F135	F170	F172	F173*	F174	F175
F178	F179	F180	F181*	F182	F196*	F199	F251
F252							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY VIEW MANOR

Street Address:		City and State:	
100 CEDAR LANE		SIBLEY, IA 51249	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	1.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	61.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	58.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	61.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	38.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	12.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	24	38.1	39.2	40.9
Residents requiring restraints.	14	22.2	36.8	30.9
Confused or disoriented residents.	39	61.9	51.8	55.4
Residents with bed sores.	1	1.6	6.1	4.8
Residents receiving special skin care.	4	6.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIBLEY CARE CENTER

Street Address:		City and State:	
700 9TH AVENUE NORTH		SIBLEY, IA 51249	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	12/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	63.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	61.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	61.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	61.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	42.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	27	55.1	39.2	40.9
Residents requiring restraints.	13	26.5	36.8	30.9
Confused or disoriented residents.	29	59.2	51.8	55.4
Residents with bed sores.	1	2.0	6.1	4.8
Residents receiving special skin care.	3	6.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F105 F127* F199 F257

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIDNEY HEALTH CENTER

Street Address:		City and State:	
HWY 275 S		SIDNEY, IA 51652	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	09/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	84.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	83	85.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	69.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	49.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	30.9	28.9	30.4
Completely bedfast residents.	4	4.1	1.3	2.8
Residents confined to chairs.	23	23.7	39.2	40.9
Residents requiring restraints.	35	36.1	36.8	30.9
Confused or disoriented residents.	60	61.9	51.8	55.4
Residents with bed sores.	10	10.3	6.1	4.8
Residents receiving special skin care.	28	28.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134	F170	F173*	F175	F218*	F224	F259	F260
F264	F277	F313*	F328				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANOR HOUSE

Street Address:		City and State:	
1212 SOUTH STUART		SIGOURNEY, IA 52591	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	09/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	83.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	83.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	64.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	70.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	55.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	45.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	28	41.2	39.2	40.9
Residents requiring restraints.	28	41.2	36.8	30.9
Confused or disoriented residents.	47	69.1	51.8	55.4
Residents with bed sores.	5	7.4	6.1	4.8
Residents receiving special skin care.	4	5.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F126	F135	F173*	F224	F254
F289	F298	F332*	F346	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIGOURNEY CARE CTR

Street Address:		City and State:	
900 S STONE ST		SIGOURNEY, IA 52591	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	PROPRIETARY	08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	96.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	83.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	66.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	74.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	72.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	5.6	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	31.5	28.9	30.4
Completely bedfast residents.	1	1.9	1.3	2.8
Residents confined to chairs.	19	35.2	39.2	40.9
Residents requiring restraints.	23	42.6	36.8	30.9
Confused or disoriented residents.	28	51.9	51.8	55.4
Residents with bed sores.	2	3.7	6.1	4.8
Residents receiving special skin care.	14	25.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F080*	F096	F097	F102	F126	F127*	F134
F135	F176	F191*	F224	F242*	F269	F294	F332*
F333							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIOUX CENTER COMM HOSP-HLTH CTR ICF

Street Address:		City and State:	
605 S MAIN		SIOUX CENTER, IA 51250	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	69	NON-PROFIT OTHER	12/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	79.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	53	76.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	48	69.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	69.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	56.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	4.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	19	27.5	39.2	40.9
Residents requiring restraints.	13	18.8	36.8	30.9
Confused or disoriented residents.	29	42.0	51.8	55.4
Residents with bed sores.	3	4.3	6.1	4.8
Residents receiving special skin care.	26	37.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F097 F117 F119

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASA DE PAZ

Street Address:		City and State:	
2121 W 19TH ST		SIOUX CITY, IA 51103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	95	PROPRIETARY	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	94.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	81.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	58.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	49.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	65.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	20.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	23	26.4	39.2	40.9
Residents requiring restraints.	28	32.2	36.8	30.9
Confused or disoriented residents.	25	28.7	51.8	55.4
Residents with bed sores.	2	2.3	6.1	4.8
Residents receiving special skin care.	15	17.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F258 F293* F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRYSIDE RETIREMENT HOME

Street Address:		City and State:	
6120 MORNINGSIDE AVE		SIOUX CITY, IA 51106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	NON-PROFIT RELIGIOUS	11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
149	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	69.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	109	73.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	88	59.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	57.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	51.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	27.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	89	59.7	39.2	40.9
Residents requiring restraints.	55	36.9	36.8	30.9
Confused or disoriented residents.	61	40.9	51.8	55.4
Residents with bed sores.	3	2.0	6.1	4.8
Residents receiving special skin care.	26	17.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F130 F131* F132* F191* F199 F297 F313* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HALLMARK CARE CENTER

Street Address:		City and State:	
3800 INDIAN HILLS DRIVE		SIOUX CITY, IA 51104	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT PRIVATE	10/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	45.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	68.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	63.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	45.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	9.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	20.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	12	27.3	39.2	40.9
Residents requiring restraints.	20	45.5	36.8	30.9
Confused or disoriented residents.	14	31.8	51.8	55.4
Residents with bed sores.	2	4.5	6.1	4.8
Residents receiving special skin care.	4	9.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F134 F181* F199 F220 F277 F313* F332* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOLY SPIRIT RETIREMENT HOME

Street Address:		City and State:	
1701 W 25TH ST		SIOUX CITY, IA 51103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	94	NON-PROFIT RELIGIOUS	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	86.7	81.3	78.5
Dressing Residents requiring some or total assistance in dressing.	78	86.7	78.3	76.5
Toileting Residents requiring some or total assistance in toileting.	58	64.4	65.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	55.6	68.3	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	62.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	41.1	28.9	30.4
Completely bedfast residents.	1	1.1	1.3	2.8
Residents confined to chairs.	21	23.3	39.2	40.9
Residents requiring restraints.	43	47.8	36.8	30.9
Confused or disoriented residents.	50	55.6	51.8	55.4
Residents with bed sores.	10	11.1	6.1	4.8
Residents receiving special skin care.	42	46.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F196* F199 F328 F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
INDIAN HILLS CARE CTR

Street Address:		City and State:	
1800 INDIAN HILLS DR		SIOUX CITY, IA 51104	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	196	PROPRIETARY	12/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
145	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	89.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	130	89.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	46.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	89.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	45.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	33.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	28	19.3	39.2	40.9
Residents requiring restraints.	35	24.1	36.8	30.9
Confused or disoriented residents.	58	40.0	51.8	55.4
Residents with bed sores.	7	4.8	6.1	4.8
Residents receiving special skin care.	66	45.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F075 F102 F126 F130 F169

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JULIA'S VALLEY MANOR

Street Address:		City and State:	
3901 GREEN AVE		SIOUX CITY, IA 51106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	78.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	84.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	63.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	63.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	58.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	28.9	30.4
Completely bedfast residents.	2	4.3	1.3	2.8
Residents confined to chairs.	12	26.1	39.2	40.9
Residents requiring restraints.	21	45.7	36.8	30.9
Confused or disoriented residents.	22	47.8	51.8	55.4
Residents with bed sores.	1	2.2	6.1	4.8
Residents receiving special skin care.	2	4.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly effect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F117 F130 F182 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MATNEY'S WESTSIDE MANOR

Street Address:		City and State:	
1414 CASSELMAN		SIOUX CITY, IA 51103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	81.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	67	69.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	35.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	58.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	56.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	35	36.1	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	13.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	26	26.8	39.2	40.9
Residents requiring restraints.	35	36.1	36.8	30.9
Confused or disoriented residents.	20	20.6	51.8	55.4
Residents with bed sores.	5	5.2	6.1	4.8
Residents receiving special skin care.	8	8.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MATNEYS MORNINGSIDE MANOR

Street Address:		City and State:	
3420 OLD LAKEPORT RD		SIOUX CITY, IA 51106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	NON-PROFIT OTHER	04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	87.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	69.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	54	58.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	58.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	52.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	10	10.9	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	30.4	28.9	30.4
Completely bedfast residents.	1	1.1	1.3	2.8
Residents confined to chairs.	45	48.9	39.2	40.9
Residents requiring restraints.	32	34.8	36.8	30.9
Confused or disoriented residents.	44	47.8	51.8	55.4
Residents with bed sores.	4	4.3	6.1	4.8
Residents receiving special skin care.	26	28.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F132* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNRISE MANOR

Street Address:		City and State:	
5501 GORDON DRIVE EAST		SIOUX CITY, IA 51106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	90	NON-PROFIT PRIVATE	05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	89.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	73	89.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	63	76.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	68.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	59.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	2.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	35.4	28.9	30.4
Completely bedfast residents.	1	1.2	1.3	2.8
Residents confined to chairs.	55	67.1	39.2	40.9
Residents requiring restraints.	43	52.4	36.8	30.9
Confused or disoriented residents.	59	72.0	51.8	55.4
Residents with bed sores.	9	11.0	6.1	4.8
Residents receiving special skin care.	1	1.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F127*	F129*	F130	F132*	F133*	F135	F173*
F191*	F199	F242*	F254	F257	F262	F264	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTWOOD CONV REST HOME

Street Address:		City and State:	
3201 STONE PARK BLVD		SIOUX CITY, IA 51104	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	85	PROPRIETARY	06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	59.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	53	67.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	52.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	52.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	44.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	11.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	32	41.0	39.2	40.9
Residents requiring restraints.	28	35.9	36.8	30.9
Confused or disoriented residents.	35	44.9	51.8	55.4
Residents with bed sores.	7	9.0	6.1	4.8
Residents receiving special skin care.	12	15.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F132* F133* F252 F258 F277 F293* F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIOUX CARE CTR

Street Address:		City and State:	
702 BLAKE ST		SIOUX RAPIDS, IA 50585	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	35	PROPRIETARY	06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	73.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	82.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	20	58.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	58.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	52.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	29.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	29.4	39.2	40.9
Residents requiring restraints.	14	41.2	36.8	30.9
Confused or disoriented residents.	17	50.0	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	14	41.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOLON NURSING CARE CTR

Street Address:		City and State:	
523 E 5TH		SOLON, IA 52333	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	68	PROPRIETARY	11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	59	89.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	48	72.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	71.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	77.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	9.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	11	16.7	39.2	40.9
Residents requiring restraints.	29	43.9	36.8	30.9
Confused or disoriented residents.	43	65.2	51.8	55.4
Residents with bed sores.	1	1.5	6.1	4.8
Residents receiving special skin care.	15	22.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F085*	F102	F119	F129*	F130	F131*
F132*	F169	F170	F173*	F182	F199	F259	F262
F264	F313*	F346					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LONGHOUSE RESIDENCE

Street Address:		City and State:	
711 W 11TH ST		SPENCER, IA 51301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	138	PROPRIETARY	04/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	62.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	87	71.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	64	52.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	59.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	66.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	28.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	44	36.4	39.2	40.9
Residents requiring restraints.	38	31.4	36.8	30.9
Confused or disoriented residents.	65	53.7	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	33	27.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F132*	F135	F218*	F224	F257	F277	F294
F297	F306	F313*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPENCER MUNICIPAL HOSPITAL

Street Address:		City and State:	
114 EAST 12TH STREET		SPENCER, IA 51301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	93	LOCAL GOVERNMENT	02/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	80.0	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	4	80.0	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	4	80.0	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	62.4	69.4
Residents on individually written bowel and bladder retraining program.	1	20.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	40.0	38.2	39.1
Completely bedfast residents.	1	20.0	4.5	3.2
Residents confined to chairs.	1	20.0	44.5	52.3
Residents requiring restraints.	0	0.0	38.8	40.4
Confused or disoriented residents.	0	0.0	45.3	58.6
Residents with bed sores.	1	20.0	5.9	7.6
Residents receiving special skin care.	1	20.0	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F170 F255 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST LUKES LUTHERAN HOME

Street Address:		City and State:	
ST LUKES DR		SPENCER, IA 51301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	116	NON-PROFIT RELIGIOUS	12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	84.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	90	78.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	73	63.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	63.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	30.4	28.9	30.4
Completely bedfast residents.	9	7.8	1.3	2.8
Residents confined to chairs.	57	49.6	39.2	40.9
Residents requiring restraints.	46	40.0	36.8	30.9
Confused or disoriented residents.	62	53.9	51.8	55.4
Residents with bed sores.	3	2.6	6.1	4.8
Residents receiving special skin care.	7	6.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F132* F196* F199 F210 F217 F224 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLTOP CARE CENTER

Street Address:		City and State:	
1901 ZENITH AVE		SPIRIT LAKE, IA 51360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	137	PROPRIETARY	11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	96.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	79	66.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	64.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.0	28.9	30.4
Completely bedfast residents.	2	1.7	1.3	2.8
Residents confined to chairs.	30	25.2	39.2	40.9
Residents requiring restraints.	39	32.8	36.8	30.9
Confused or disoriented residents.	69	58.0	51.8	55.4
Residents with bed sores.	12	10.1	6.1	4.8
Residents receiving special skin care.	24	20.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F094*	F099	F100	F101	F102	F105	F117
F125*	F126	F128*	F129*	F130	F131*	F132*	F134
F135	F170	F178	F191*	F199	F218*	F224	F257
F294							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STACYVILLE COMM NH

Street Address:		City and State:	
R R 1 BOX 4C		STACYVILLE, IA 50476	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	47	NON-PROFIT OTHER	06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	68.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	75.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	57.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	60.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	48.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	28.9	39.2	40.9
Residents requiring restraints.	20	44.4	36.8	30.9
Confused or disoriented residents.	23	51.1	51.8	55.4
Residents with bed sores.	2	4.4	6.1	4.8
Residents receiving special skin care.	6	13.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	713	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F117	F134	F135	F170	F173*	F185
F217	F218*	F227	F242*	F257	F264	F293*	F297
F313*	F349						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STANTON CARE CTR

Street Address:		City and State:	
213 HOLLAND AVENUE		STANTON, IA 51573	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	47	PROPRIETARY	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	90.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	97.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	92.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	92.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	35.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	16	40.0	39.2	40.9
Residents requiring restraints.	17	42.5	36.8	30.9
Confused or disoriented residents.	25	62.5	51.8	55.4
Residents with bed sores.	1	2.5	6.1	4.8
Residents receiving special skin care.	9	22.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F169 F196* F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STATE CENTER MANOR

Street Address:		City and State:	
703 N W 3RD		STATE CENTER, IA 50247	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	51.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	36	73.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	83.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	26.5	39.2	40.9
Residents requiring restraints.	28	57.1	36.8	30.9
Confused or disoriented residents.	25	51.0	51.8	55.4
Residents with bed sores.	4	8.2	6.1	4.8
Residents receiving special skin care.	16	32.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F135

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BUENA VISTA MANOR CARE CTR

Street Address:		City and State:	
1325 N LAKE AVE		STORM LAKE, IA 50588	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	73	78.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	60.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	62.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	65.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	8	8.6	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.2	28.9	30.4
Completely bedfast residents.	1	1.1	1.3	2.8
Residents confined to chairs.	61	65.6	39.2	40.9
Residents requiring restraints.	34	36.6	36.8	30.9
Confused or disoriented residents.	62	66.7	51.8	55.4
Residents with bed sores.	2	2.2	6.1	4.8
Residents receiving special skin care.	10	10.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F102	F117	F126	F130	F132*	F135	F173*
F199	F224	F257	F294	F297	F313*	F328	F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
METHODIST MANOR

Street Address:		City and State:	
4TH AT LARCHWOOD		STORM LAKE, IA 50588	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	181	NON-PROFIT RELIGIOUS	09/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	78.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	67	78.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	65.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	78.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	92.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	11	12.9	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	30.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	45	52.9	39.2	40.9
Residents requiring restraints.	32	37.6	36.8	30.9
Confused or disoriented residents.	46	54.1	51.8	55.4
Residents with bed sores.	10	11.8	6.1	4.8
Residents receiving special skin care.	12	14.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070	F080*	F105	F126	F128*	F129*	F131*	F132*
F134	F135	F170	F175	F180	F199	F261	F264
F277	F313*	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHANY MANOR ICF

Street Address:		City and State:	
212 LAFYETTE		STORY CITY, IA 50248	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	167	NON-PROFIT RELIGIOUS	12/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
162	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	116	71.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	99	61.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	59.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	60.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	18.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	98	60.5	39.2	40.9
Residents requiring restraints.	65	40.1	36.8	30.9
Confused or disoriented residents.	115	71.0	51.8	55.4
Residents with bed sores.	2	1.2	6.1	4.8
Residents receiving special skin care.	16	9.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F076	F102	F126	F134	F135	F169	F170
F185	F217	F218*	F224	F237*	F250	F257	F259
F277	F287	F293*	F313*	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STRATFORD CARE CENTER

Street Address:		City and State:	
HWY 175 E		STRATFORD, IA 50249	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	70	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	75.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	79.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	67.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	65.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	34.7	28.9	30.4
Completely bedfast residents.	1	2.0	1.3	2.8
Residents confined to chairs.	19	38.8	39.2	40.9
Residents requiring restraints.	5	10.2	36.8	30.9
Confused or disoriented residents.	18	36.7	51.8	55.4
Residents with bed sores.	2	4.1	6.1	4.8
Residents receiving special skin care.	2	4.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F134 F170 F191* F257 F259 F262 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN HOME FOR THE AGED

Street Address:		City and State:	
313 ELKADER STREET		STRAWBERRY POINT, IA 52076	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	92	NON-PROFIT RELIGIOUS	12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	2	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	37.8	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	81.3	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	62	68.1	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	61.5	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	71.4	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.0	38.2	39.1
Completely bedfast residents.	2	2.2	4.5	3.2
Residents confined to chairs.	24	26.4	44.5	52.3
Residents requiring restraints.	28	30.8	38.8	40.4
Confused or disoriented residents.	31	34.1	45.3	58.6
Residents with bed sores.	1	1.1	5.9	7.6
Residents receiving special skin care.	19	20.9	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F182 F199 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COMMUNITY CARE CENTER INC

Street Address:		City and State:	
1607 S 7TH ST		STUART, IA 50250	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	02/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	80.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	82.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	58.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	62.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	23.5	28.9	30.4
Completely bedfast residents.	1	2.0	1.3	2.8
Residents confined to chairs.	10	19.6	39.2	40.9
Residents requiring restraints.	19	37.3	36.8	30.9
Confused or disoriented residents.	21	41.2	51.8	55.4
Residents with bed sores.	3	5.9	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F130 F134 F170 F259 F264 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLCREST REST HOME INC

Street Address:		City and State:	
915 W 1ST ST		SUMNER, IA 50674	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	86	NON-PROFIT OTHER	10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	76.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	66	77.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	49	57.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	75.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	51.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	29.4	28.9	30.4
Completely bedfast residents.	2	2.4	1.3	2.8
Residents confined to chairs.	24	28.2	39.2	40.9
Residents requiring restraints.	32	37.6	36.8	30.9
Confused or disoriented residents.	53	62.4	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	9	10.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F117	F130	F185	F191*	F224	F257
F259	F261	F294	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILLIES REST HOME

Street Address
[illegible]

City and State:
SUTHERLAND, IA 51058

Participation
[illegible]

# of Beds
44

Type of Ownership:
PROPRIETARY

Survey Date:
12/28/89

Compliance Action
If there has been any Federal, State, or compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey
42

Medicare Residents:
0

Medicaid Residents:
22

Caution: A high number of residents with these characteristics does not indicate whether those residents are receiving adequate or inadequate care, only that the facility admits residents with these characteristics.

	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some assistance in bathing	30	71.4	81.3	78.5
Dressing				
Residents requiring some assistance in dressing	32	76.2	78.3	76.5
Toileting				
Residents requiring some assistance in toileting	18	42.9	65.4	63.4
Transferring				
Residents requiring some assistance in transferring from bed to chair and back	26	61.9	68.3	67.1
Continence				
Residents with [illegible]	22	52.4	60.7	59.1
Residents [illegible]	17	40.5	5.6	5.0
Eating				
Residents receiving [illegible]	6	14.3	28.9	30.4
Completely bedfast residents	0	0.0	1.3	2.8
Residents confined to chairs	9	21.4	39.2	40.9
Residents requiring restraints	9	21.4	16.8	30.9
Confused or disoriented residents	21	50.0	51.8	55.4
Residents with bed sores	2	4.8	6.1	4.8
Residents receiving special skin care	6	14.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F169 F252

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TABOR MANOR CARE CTR

Street Address:		City and State:	
400 MAIN ST		TABOR, IA 51653	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	63	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	52	82.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	68.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	68.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	54.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	28.6	28.9	30.4
Completely bedfast residents.	4	6.3	1.3	2.8
Residents confined to chairs.	18	28.6	39.2	40.9
Residents requiring restraints.	27	42.9	36.8	30.9
Confused or disoriented residents.	34	54.0	51.8	55.4
Residents with bed sores.	8	12.7	6.1	4.8
Residents receiving special skin care.	7	11.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F105	F126	F130	F134	F191*	F199
F218*	F224	F264	F294	F295			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNNY HILL CARE CENTER

Street Address:		City and State:	
HIGHWAY 63 NORTH		TAMA, IA 52339	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	05/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	76.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	60.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	54.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	54.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	92.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	35.3	28.9	30.4
Completely bedfast residents.	2	3.9	1.3	2.8
Residents confined to chairs.	12	23.5	39.2	40.9
Residents requiring restraints.	12	23.5	36.8	30.9
Confused or disoriented residents.	27	52.9	51.8	55.4
Residents with bed sores.	5	9.8	6.1	4.8
Residents receiving special skin care.	21	41.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F100	F101	F119	F126	F170	F196*	F199
F224	F294	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CEDAR MANOR

Street Address:		City and State:	
1200 MULBERRY		TIPTON, IA 52772	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	55	NON-PROFIT OTHER	12/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	79.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	81.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	66.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	74.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	63.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	29.6	28.9	30.4
Completely bedfast residents.	1	1.9	1.3	2.8
Residents confined to chairs.	41	75.9	39.2	40.9
Residents requiring restraints.	26	48.1	36.8	30.9
Confused or disoriented residents.	21	38.9	51.8	55.4
Residents with bed sores.	4	7.4	6.1	4.8
Residents receiving special skin care.	14	25.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F130	F131*	F134	F170	F173*	F224
F236	F242*	F293*	F296	F297	F313*	F332*	F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TITONKA CARE CENTER

Street Address:		City and State:	
HIGHWAY 226		TITONKA, IA 50480	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	NON-PROFIT OTHER	03/31/99

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	83.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	83.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	73.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	71.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	26.5	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	12	24.5	39.2	40.9
Residents requiring restraints.	20	40.8	36.8	30.9
Confused or disoriented residents.	24	49.0	51.8	55.4
Residents with bed sores.	2	4.1	6.1	4.8
Residents receiving special skin care.	16	32.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F319

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHESDA CARE CTR

Street Address:		City and State:	
GRANDVIEW DRIVE BOX 135		TOLEDO, IA 52342	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	99	PROPRIETARY	11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	82.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	59	64.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	60	65.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	81.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	24	26.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	35.2	28.9	30.4
Completely bedfast residents.	1	1.1	1.3	2.8
Residents confined to chairs.	33	36.3	39.2	40.9
Residents requiring restraints.	38	41.8	36.8	30.9
Confused or disoriented residents.	7	7.7	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F102	F130	F135	F139	F170	F181*
F196*	F199	F224	F242*	F277	F294		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNRISE HILL NURSING CARE CENTER

Street Address:		City and State:	
909 6TH STREET		TRAER, IA 50675	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	79.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	79.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	59.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	54.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	38.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	11.3	28.9	30.4
Completely bedfast residents.	2	3.2	1.3	2.8
Residents confined to chairs.	25	40.3	39.2	40.9
Residents requiring restraints.	20	32.3	36.8	30.9
Confused or disoriented residents.	34	54.8	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	2	3.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F101	F102	F130	F170	F218*	F224	F244
F261	F294	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TRIPOLI NH

Street Address:		City and State:	
604 THIRD ST SW		TRIPOLI, IA 50676	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	22	NON-PROFIT OTHER	10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	95.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	17	81.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	81.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	81.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	81.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	42.9	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	9	42.9	39.2	40.9
Residents requiring restraints.	8	38.1	36.8	30.9
Confused or disoriented residents.	13	61.9	51.8	55.4
Residents with bed sores.	1	4.8	6.1	4.8
Residents receiving special skin care.	4	19.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F080*	F102	F130	F131*	F135	F169	F170
F175	F191*	F196*	F199	F253	F260	F313*	F332*
F345*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KAREN ACRES NH

Street Address:		City and State:	
3605 ELM DRIVE		URBANDALE, IA 50322	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	38	PROPRIETARY	12/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	80.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	29	82.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	25	71.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	85.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	82.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	31.4	28.9	30.4
Completely bedfast residents.	3	8.6	1.3	2.8
Residents confined to chairs.	16	45.7	39.2	40.9
Residents requiring restraints.	8	22.9	36.8	30.9
Confused or disoriented residents.	24	68.6	51.8	55.4
Residents with bed sores.	1	2.9	6.1	4.8
Residents receiving special skin care.	5	14.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F102	F126	F131*	F135	F169	F264
F313*	F328	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLISCA GOOD SAMARITAN CTR

Street Address:		City and State:	
CENTRAL AVE + REDMOND ST		VILLISCA, IA 50864	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	NON-PROFIT OTHER	09/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	49.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	71.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	66.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	61.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	65.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	4.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	17.5	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	33	52.4	39.2	40.9
Residents requiring restraints.	15	23.8	36.8	30.9
Confused or disoriented residents.	30	47.6	51.8	55.4
Residents with bed sores.	2	3.2	6.1	4.8
Residents receiving special skin care.	10	15.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F126	F130	F131*	F133*	F169	F174
F175	F176	F191*	F199	F227	F264	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN HOME FOR THE AGED

Street Address:		City and State:	
1301 SECOND AVENUE SOUTH		VINTON, IA 52349	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	NON-PROFIT RELIGIOUS	10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	65.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	69.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	56.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	62.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	29.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	13	22.4	39.2	40.9
Residents requiring restraints.	23	39.7	36.8	30.9
Confused or disoriented residents.	16	27.6	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	9	15.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F126	F130	F132*	F134	F169	F191*	F196*
F217	F259	F264					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VIRGINIA GAY HOSPITAL

Street Address:		City and State:	
502 N 9TH AVE		VINTON, IA 52349	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	NON-PROFIT PRIVATE	07/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	77.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	79.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	79.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	67.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	27.6	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	20	34.5	39.2	40.9
Residents requiring restraints.	25	43.1	36.8	30.9
Confused or disoriented residents.	39	67.2	51.8	55.4
Residents with bed sores.	1	1.7	6.1	4.8
Residents receiving special skin care.	5	8.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F078	F080*	F096	F097	F102	F105	F118
F126	F130	F134	F135	F181*	F182	F191*	F196*
F224	F261	F262	F264				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TWILIGHT ACRES INC

Street Address:		City and State:	
6TH AND MELROSE		WALL LAKE, IA 51466	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	70	NON-PROFIT RELIGIOUS	08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	95.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	83.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	77.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	90.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	50.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	49	80.3	39.2	40.9
Residents requiring restraints.	40	65.6	36.8	30.9
Confused or disoriented residents.	48	78.7	51.8	55.4
Residents with bed sores.	4	6.6	6.1	4.8
Residents receiving special skin care.	16	26.2	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F132*	F133*	F135	F170	F181*	F182
F199	F218*	F224	F257	F296	F297	F306	F313*
F319	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAPELLO NH

Street Address:		City and State:	
HWY 61 & LOCUST		WAPELLO, IA 52653	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	78.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	86.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	52.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	58.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	36.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	28.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	24	48.0	39.2	40.9
Residents requiring restraints.	12	24.0	36.8	30.9
Confused or disoriented residents.	21	42.0	51.8	55.4
Residents with bed sores.	4	8.0	6.1	4.8
Residents receiving special skin care.	13	26.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F173* F277 F330 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HALCYON HOUSE

Street Address:		City and State:	
1015 S IOWA AVE		WASHINGTON, IA 52353	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	29	NON-PROFIT RELIGIOUS	06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	32.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	96.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	76.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	92.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	36.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	8	32.0	39.2	40.9
Residents requiring restraints.	14	56.0	36.8	30.9
Confused or disoriented residents.	16	64.0	51.8	55.4
Residents with bed sores.	1	4.0	6.1	4.8
Residents receiving special skin care.	3	12.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F102 F130 F131* F176 F199 F224 F242* F306

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNITED PRESBYTERIAN HOME

Street Address:		City and State:	
1203 E WASHINGTON ST		WASHINGTON, IA 52353	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	NON-PROFIT RELIGIOUS	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	93.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	96.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	75.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	65.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	90.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	28.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	31.3	39.2	40.9
Residents requiring restraints.	14	43.8	36.8	30.9
Confused or disoriented residents.	29	90.6	51.8	55.4
Residents with bed sores.	2	6.3	6.1	4.8
Residents receiving special skin care.	9	28.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	NOT MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053	F056	F057	F079*	F080*	F084	F085*	F096
F097	F102	F126	F130	F131*	F134	F135	F169
F172	F173*	F175	F196*	F199	F217	F224	F227
F242*	F251	F260	F262	F264	F288	F313*	F332*
F333							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WASHINGTON CARE CENTER

Street Address:		City and State:	
601 E POLK ST		WASHINGTON, IA 52353	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	125	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	87.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	93	80.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	81	70.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	64.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	13.9	28.9	30.4
Completely bedfast residents.	3	2.6	1.3	2.8
Residents confined to chairs.	31	27.0	39.2	40.9
Residents requiring restraints.	47	40.9	36.8	30.9
Confused or disoriented residents.	70	60.9	51.8	55.4
Residents with bed sores.	4	3.5	6.1	4.8
Residents receiving special skin care.	24	20.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28 2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119	F126	F127*	F128*	F130	F135	F191*	F196*
F224	F264	F277	F313*	F328			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WASHINGTON COUNTY HOSPITAL

Street Address:		City and State:	
400 E POLK		WASHINGTON, IA 52353	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	LOCAL GOVERNMENT	07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	74.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	33	84.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	71.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	59.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	33.3	28.9	30.4
Completely bedfast residents.	1	2.6	1.3	2.8
Residents confined to chairs.	11	28.2	39.2	40.9
Residents requiring restraints.	16	41.0	36.8	30.9
Confused or disoriented residents.	17	43.6	51.8	55.4
Residents with bed sores.	3	7.7	6.1	4.8
Residents receiving special skin care.	2	5.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F097	F102	F105	F118	F135	F191*	F196*
F199	F217	F224	F259	F294	F328		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALLEN MEMORIAL HOSPITAL

Street Address:		City and State:	
1825 LOGAN AVENUE		WATERLOO, IA 50703	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	20	NON-PROFIT PRIVATE	07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	19	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	19	95.0	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	15	75.0	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	90.0	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	65.0	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	15.0	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	8	40.0	44.5	52.3
Residents requiring restraints.	2	10.0	38.8	40.4
Confused or disoriented residents.	2	10.0	45.3	58.6
Residents with bed sores.	0	0.0	5.9	7.6
Residents receiving special skin care.	4	20.0	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F073*	F080*	F102	F118	F119	F130	F134
F135	F178	F189	F191*	F198	F217	F236	F259
F261	F340*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICANA HLTH CARE CTR

Street Address:		City and State:	
201 W RIDGEWAY AVE		WATERLOO, IA 50701	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	67	PROPRIETARY	12/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	1	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	74.6	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	60	95.2	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	58	92.1	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	74.6	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	60.3	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	7	11.1	44.5	52.3
Residents requiring restraints.	27	42.9	38.8	40.4
Confused or disoriented residents.	43	68.3	45.3	58.6
Residents with bed sores.	10	15.9	5.9	7.6
Residents receiving special skin care.	3	4.8	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F123*	F126	F134	F170	F175	F176	F182
F199	F207	F224	F264	F293*	F297	F313*	F321
F323	F324*	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY VIEW

Street Address:		City and State:	
1410 W DUNKERTON ROAD		WATERLOO, IA 50701	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	210	LOCAL GOVERNMENT	11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	0	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	37.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	37.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	28.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	34.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	34.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	1	0.7	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	13.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	36	23.5	39.2	40.9
Residents requiring restraints.	43	28.1	36.8	30.9
Confused or disoriented residents.	45	29.4	51.8	55.4
Residents with bed sores.	3	2.0	6.1	4.8
Residents receiving special skin care.	26	17.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F117	F130	F181*	F182	F199	F217
F218*	F251	F261	F293*	F296	F313*	F328	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COVENANT MEDICAL CENTER - ST FRANCIS

Street Address:		City and State:	
3421 W 9TH ST		WATERLOO, IA 50702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	487	NON-PROFIT RELIGIOUS	01/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	6	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	71.4	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	13	92.9	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	13	92.9	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	92.9	62.4	69.4
Residents on individually written bowel and bladder retraining program.	2	14.3	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	92.9	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	4	28.6	44.5	52.3
Residents requiring restraints.	7	50.0	38.8	40.4
Confused or disoriented residents.	8	57.1	45.3	58.6
Residents with bed sores.	4	28.6	5.9	7.6
Residents receiving special skin care.	8	57.1	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F118 F130 F169 F170 F206 F242* F260 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRIENDSHIP VILLAGE RETIREMENT CENTER

Street Address:		City and State:	
600 PARK LANE		WATERLOO, IA 50702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	67	NON-PROFIT OTHER	11/10/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	44	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	87.2	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	41	87.2	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	40	85.1	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	83.0	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	76.6	62.4	69.4
Residents on individually written bowel and bladder retraining program.	5	10.6	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	13	27.7	44.5	52.3
Residents requiring restraints.	23	48.9	38.8	40.4
Confused or disoriented residents.	32	68.1	45.3	58.6
Residents with bed sores.	1	2.1	5.9	7.6
Residents receiving special skin care.	19	40.4	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F086	F102	F126	F130	F133*	F134	F170
F173*	F175	F182	F185	F207	F260	F261	F263
F288	F328	F346					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARMONY HOUSE

Street Address:		City and State:	
2950 W SHALLIS RD		WATERLOO, IA 50702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	114	PROPRIETARY	03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	73.9	81.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	20	87.0	79.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	16	69.6	68.7	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	70.1	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	60.9	62.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	10.4	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	52.2	38.2	39.1
Completely bedfast residents.	0	0.0	4.5	3.2
Residents confined to chairs.	15	65.2	44.5	52.3
Residents requiring restraints.	12	52.2	38.8	40.4
Confused or disoriented residents.	9	39.1	45.3	58.6
Residents with bed sores.	1	4.3	5.9	7.6
Residents receiving special skin care.	1	4.3	32.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	5.4	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	3.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	26	46.4	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	8	14.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	1.8	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	1.8	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	7.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	7	12.5	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	2	3.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	4	7.1	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	4	7.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	11	19.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	9	16.1	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	4	7.1	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	8	14.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	9	16.1	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	12	21.4	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	8	14.3	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	0	0.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	5	8.9	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	0	0.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	6	10.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	6	10.7	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	1	1.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	4	7.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	6	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	17	30.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F110 F116 F170 F199 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW GARDENS CARE CTR

Street Address:		City and State:	
310 UPLAND DR		WATERLOO, IA 50701	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
149	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	81.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	111	74.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	114	76.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	90.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	63.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	2.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	27.5	28.9	30.4
Completely bedfast residents.	2	1.3	1.3	2.8
Residents confined to chairs.	74	49.7	39.2	40.9
Residents requiring restraints.	44	29.5	36.8	30.9
Confused or disoriented residents.	97	65.1	51.8	55.4
Residents with bed sores.	11	7.4	6.1	4.8
Residents receiving special skin care.	14	9.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by this facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F100	F101	F102	F126	F127*	F128*
F130	F132*	F134	F175	F176	F178	F199	F217
F224	F264	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RAVENWOOD HEALTH CARE CTR

Street Address:		City and State:	
2951 ST FRANCIS DR		WATERLOO, IA 50702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	196	PROPRIETARY	02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
186	0	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	87.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	140	75.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	153	82.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	61.8	58.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	66.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	21.5	28.9	30.4
Completely bedfast residents.	2	1.1	1.3	2.8
Residents confined to chairs.	50	26.9	39.2	40.9
Residents requiring restraints.	58	31.2	36.8	30.9
Confused or disoriented residents.	91	48.9	51.8	55.4
Residents with bed sores.	8	4.3	6.1	4.8
Residents receiving special skin care.	51	27.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F101	F102	F130	F132*	F134	F135
F139	F173*	F191*	F199	F224	F257	F287	F289
F293*	F313*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHGATE MANOR NH

Street Address:		City and State:	
10TH AVE NW		WAUKON, IA 52172	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	96.1	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	86.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	86.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	86.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	3	5.9	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	31.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	17	33.3	39.2	40.9
Residents requiring restraints.	25	49.0	36.8	30.9
Confused or disoriented residents.	37	72.5	51.8	55.4
Residents with bed sores.	3	5.9	6.1	4.8
Residents receiving special skin care.	3	5.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F199 F224 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAUKON GOOD SAMARITAN CENTER

Street Address:		City and State:	
29 E MAIN		WAUKON, IA 52172	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	111	NON-PROFIT OTHER	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	71.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	77	77.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	63	63.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	53.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	22.2	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	58	58.6	39.2	40.9
Residents requiring restraints.	37	37.4	36.8	30.9
Confused or disoriented residents.	42	42.4	51.8	55.4
Residents with bed sores.	5	5.1	6.1	4.8
Residents receiving special skin care.	5	5.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1039	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F127* F170 F182 F199 F294 F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BARTEL'S LUTHERAN HOME

Street Address:		City and State:	
1922 FIFTH AVE NW		WAVERLY, IA 50677	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	242	NON-PROFIT RELIGIOUS	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
126	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	94	74.6	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	78	61.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	57.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	62.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	59	46.8	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	19.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	30	23.8	39.2	40.9
Residents requiring restraints.	44	34.9	36.8	30.9
Confused or disoriented residents.	103	81.7	51.8	55.4
Residents with bed sores.	5	4.0	6.1	4.8
Residents receiving special skin care.	16	12.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the iisted code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F082 F086 F135 F181* F182 F224 F244
F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW HOME

Street Address:		City and State:	
102 N JACKSON		WAYLAND, IA 52654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	49	NON-PROFIT RELIGIOUS	09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	74.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	21	77.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	20	74.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	77.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	74.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	37.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	20	74.1	39.2	40.9
Residents requiring restraints.	18	66.7	36.8	30.9
Confused or disoriented residents.	19	70.4	51.8	55.4
Residents with bed sores.	2	7.4	6.1	4.8
Residents receiving special skin care.	2	7.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW MANOR

Street Address:		City and State:	
2401 S DES MOINES ST		WEBSTER CITY, IA 50595	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	PROPRIETARY	06/22/89

Compliance Action:
:f there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	89.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	87.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	69.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	71.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	4	5.5	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	39.7	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	52	71.2	39.2	40.9
Residents requiring restraints.	36	49.3	36.8	30.9
Confused or disoriented residents.	45	61.6	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	9	12.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F101 F102 F135 F182 F199 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTHFIELD CARE CENTER

Street Address:		City and State:	
2416 SOUTH DES MOINES STREET		WEBSTER CITY, IA 50595	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	PROPRIETARY	10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	84.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	54	84.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	54	84.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	68.8	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	84.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	9.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	20	31.3	39.2	40.9
Residents requiring restraints.	11	17.2	36.8	30.9
Confused or disoriented residents.	23	35.9	51.8	55.4
Residents with bed sores.	2	3.1	6.1	4.8
Residents receiving special skin care.	0	0.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F085*	F102	F105	F126	F127*	F130	F134
F135	F169	F170	F175	F181*	F198	F199	F224
F254	F255	F259	F262	F293*	F313*	F328	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW MANOR

Street Address:		City and State:	
516 13TH ST		WELLMAN, IA 52356	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	94	PROPRIETARY	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	76.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	68	82.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	67.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	79.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	54.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	100	28.9	30.4
Completely bedfast residents.	36	43.9	1.3	2.8
Residents confined to chairs.	46	56.1	39.2	40.9
Residents requiring restraints.	66	80.5	36.8	30.9
Confused or disoriented residents.	2	2.4	51.8	55.4
Residents with bed sores.	30	36.6	6.1	4.8
Residents receiving special skin care.	20	24.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F135 F196* F224 F227 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST BEND CARE CENTER

Street Address:		City and State:	
203 4TH ST NW		WEST BEND, IA 50597	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	PROPRIETARY	11/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	82.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	84.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	68.0	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	78.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	5	10.0	39.2	40.9
Residents requiring restraints.	20	40.0	36.8	30.9
Confused or disoriented residents.	31	62.0	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	5	10.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F135 F199 F224 F264 F277 F294
F313* F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW CARE CENTER

Street Address:		City and State:	
OLIPHANT + NORTHSIDE DR		WEST BRANCH, IA 52358	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	PROPRIETARY	10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	89.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	75.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	75.4	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	86.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	26.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	5	8.8	39.2	40.9
Residents requiring restraints.	9	15.8	36.8	30.9
Confused or disoriented residents.	18	31.6	51.8	55.4
Residents with bed sores.	3	5.3	6.1	4.8
Residents receiving special skin care.	9	15.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F293* F305 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FOUNTAIN WEST HLTH CTR

Street Address:		City and State:	
1501 OFFICE PK RD		WEST DES MOINES, IA 50265	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	194	PROPRIETARY	09/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	83.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	117	83.0	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	90	63.8	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	54.6	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	65.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	16.3	28.9	30.4
Completely bedfast residents.	2	1.4	1.3	2.8
Residents confined to chairs.	53	37.6	39.2	40.9
Residents requiring restraints.	39	27.7	36.8	30.9
Confused or disoriented residents.	80	56.7	51.8	55.4
Residents with bed sores.	4	2.8	6.1	4.8
Residents receiving special skin care.	34	24.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F117	F126	F128*	F129*	F130	F131*	F132*
F134	F170	F174	F175	F181*	F191*	F196*	F199
F224	F242*	F257	F259	F264	F277	F293*	F294
F313*	F328	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODBURY WEST HEALTH CARE CENTER

Street Address:		City and State:	
1211 VINE ST		WEST DES MOINES, IA 50265	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	214	PROPRIETARY	09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
173	0	129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	55.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	125	72.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	98	56.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	55.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	63.0	60.7	59.1
Residents on individually written bowel and bladder retraining program.	7	4.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	19.1	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	72	41.6	39.2	40.9
Residents requiring restraints.	51	29.5	36.8	30.9
Confused or disoriented residents.	95	54.9	51.8	55.4
Residents with bed sores.	10	5.8	6.1	4.8
Residents receiving special skin care.	48	27.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F117	F126	F127*	F132*	F169	F170	F175
F180	F181*	F196*	F199	F219	F257	F279	F294
F298	F313*	F328	F330	F332*	F345*	F349	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIMPSON MEMORIAL HOME

Street Address:		City and State:	
1000 N MILLER		WEST LIBERTY, IA 52776	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	63	NON-PROFIT OTHER	04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	32.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	61.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	47.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	47.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	34.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	14.5	28.9	30.4
Completely bedfast residents.	2	3.6	1.3	2.8
Residents confined to chairs.	13	23.6	39.2	40.9
Residents requiring restraints.	17	30.9	36.8	30.9
Confused or disoriented residents.	20	36.4	51.8	55.4
Residents with bed sores.	3	5.5	6.1	4.8
Residents receiving special skin care.	12	21.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F218* F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST POINT CARE CENTER

Street Address:		City and State:	
SIXTH ST AND G AVE		WEST POINT, IA 52656	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	75.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	77.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	70.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	70.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	50.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	22	50.0	39.2	40.9
Residents requiring restraints.	22	50.0	36.8	30.9
Confused or disoriented residents.	21	47.7	51.8	55.4
Residents with bed sores.	8	18.2	6.1	4.8
Residents receiving special skin care.	9	20.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F102 F118 F131* F135 F139 F227 F242*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOOD SAMARITAN CENTER

Street Address:		City and State:	
300 HALL ST		WEST UNION, IA 52175	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	71	NON-PROFIT OTHER	10/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	98.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	50	71.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	65.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	54.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	51.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	28.6	28.9	30.4
Completely bedfast residents.	1	1.4	1.3	2.8
Residents confined to chairs.	29	41.4	39.2	40.9
Residents requiring restraints.	20	28.6	36.8	30.9
Confused or disoriented residents.	33	47.1	51.8	55.4
Residents with bed sores.	5	7.1	6.1	4.8
Residents receiving special skin care.	24	34.3	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F264 F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WHEATLAND MANOR

Street Address:		City and State:	
515 E LINCOLNWAY		WHEATLAND, IA 52777	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	75.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	72.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	20	41.7	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	52.1	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	54.2	60.7	59.1
Residents on individually written bowel and bladder retraining program.	17	35.4	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	58.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	10	20.8	39.2	40.9
Residents requiring restraints.	10	20.8	36.8	30.9
Confused or disoriented residents.	20	41.7	51.8	55.4
Residents with bed sores.	1	2.1	6.1	4.8
Residents receiving special skin care.	24	50.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F139 F224 F244 F262 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT VIEW INC

Street Address:		City and State:	
200 SHANNON DR		WHITING, IA 51063	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	97.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	76	75.2	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	54	53.5	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	53.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	55.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	16.8	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	61	60.4	39.2	40.9
Residents requiring restraints.	45	44.6	36.8	30.9
Confused or disoriented residents.	44	43.6	51.8	55.4
Residents with bed sores.	6	5.9	6.1	4.8
Residents receiving special skin care.	26	25.7	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F126	F130	F134	F135	F187	F191*	F199
F224	F255	F261	F263	F313*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLIAMSBURG CARE CTR

Street Address:		City and State:	
104 COURT ST		WILLIAMSBURG, IA 52361	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	44	PROPRIETARY	10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	81.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	89.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	81.6	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	73.7	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	47.4	60.7	59.1
Residents on individually written bowel and bladder retraining program.	2	5.3	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	18.4	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	14	36.8	39.2	40.9
Residents requiring restraints.	12	31.6	36.8	30.9
Confused or disoriented residents.	1	2.6	51.8	55.4
Residents with bed sores.	6	15.8	6.1	4.8
Residents receiving special skin care.	6	15.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F259 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNRISE TERRACE

Street Address:		City and State:	
706 W CENTRAL		WINFIELD, IA 52659	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	70.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	77.8	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	72.2	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	72.2	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	48.1	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	33.3	28.9	30.4
Completely bedfast residents.	1	1.9	1.3	2.8
Residents confined to chairs.	35	64.8	39.2	40.9
Residents requiring restraints.	23	42.6	36.8	30.9
Confused or disoriented residents.	28	51.9	51.8	55.4
Residents with bed sores.	9	16.7	6.1	4.8
Residents receiving special skin care.	14	25.9	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F176 F181* F188 F259 F261 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHESDA CARE CTR OF WINTERSET

Street Address:		City and State:	
1015 W SUMMIT		WINTERSET, IA 50273	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	NON-PROFIT OTHER	08/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	76.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	59	78.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	61	81.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	93.3	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	73.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	40.0	28.9	30.4
Completely bedfast residents.	1	1.3	1.3	2.8
Residents confined to chairs.	35	46.7	39.2	40.9
Residents requiring restraints.	45	60.0	36.8	30.9
Confused or disoriented residents.	44	58.7	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	24	32.0	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F105	F126	F130	F131*	F134	F135	F170
F173*	F174	F176	F178	F191*	F199	F217	F219
F327	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINTERSET CARE CTR NORTH INC

Street Address:		City and State:	
411 E LAWE ST		WINTERSET, IA 50273	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	81.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	76.3	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	67.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	60.5	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	56.6	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	25.0	28.9	30.4
Completely bedfast residents.	1	1.3	1.3	2.8
Residents confined to chairs.	25	32.9	39.2	40.9
Residents requiring restraints.	32	42.1	36.8	30.9
Confused or disoriented residents.	44	57.9	51.8	55.4
Residents with bed sores.	5	6.6	6.1	4.8
Residents receiving special skin care.	8	10.5	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F064	F102	F105	F126	F131*	F134	F135	F169
F173*	F174	F175	F224	F264	F287	F288	F289
F293*	F296	F297	F313*	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINTERSET CARE CTR SOUTH

Street Address:		City and State:	
715 S 2ND AVE		WINTERSET, IA 50273	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	49	PROPRIETARY	08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey.	Medicare Residents:	Medicaid Residents:
37	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	62.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	86.5	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	20	54.1	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	51.4	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	59.5	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	24.3	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	15	40.5	39.2	40.9
Residents requiring restraints.	4	10.8	36.8	30.9
Confused or disoriented residents.	18	48.6	51.8	55.4
Residents with bed sores.	8	21.6	6.1	4.8
Residents receiving special skin care.	8	21.6	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F196* F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSE VISTA HOME INC

Street Address:		City and State:	
1109 NORMAL ST		WOODBINE, IA 51579	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	82	PROPRIETARY	12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	60.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	54.7	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	45.3	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	46.9	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	32.8	60.7	59.1
Residents on individually written bowel and bladder retraining program.	10	15.6	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	15.6	28.9	30.4
Completely bedfast residents.	1	1.6	1.3	2.8
Residents confined to chairs.	17	26.6	39.2	40.9
Residents requiring restraints.	19	29.7	36.8	30.9
Confused or disoriented residents.	25	39.1	51.8	55.4
Residents with bed sores.	3	4.7	6.1	4.8
Residents receiving special skin care.	5	7.8	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F101	F102	F130	F131*	F133*	F134	F170
F196*	F199	F255	F261	F264	F293*	F297	F313*
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW MANOR CARE CENTER

Street Address:		City and State:	
706 CEDAR AVENUE		WOODWARD, IA 50276	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	39	PROPRIETARY	02/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	19	67.9	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	67.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	50.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	42.9	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	25.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	14	50.0	39.2	40.9
Residents requiring restraints.	9	32.1	36.8	30.9
Confused or disoriented residents.	12	42.9	51.8	55.4
Residents with bed sores.	0	0.0	6.1	4.8
Residents receiving special skin care.	2	7.1	19.3	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	115	28.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	88	21.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	32	7.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	78	19.1	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F126 F191* F209 F224 F236 F255 F258

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL MANOR OF ZEARING

Street Address:		City and State:	
320 EAST GARFIELD		ZEARING, IA 50278	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	PROPRIETARY	04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	96.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	77.4	78.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	67.9	65.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	66.0	68.3	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	45.3	60.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	17.0	28.9	30.4
Completely bedfast residents.	0	0.0	1.3	2.8
Residents confined to chairs.	25	47.2	39.2	40.9
Residents requiring restraints.	30	56.6	36.8	30.9
Confused or disoriented residents.	31	58.5	51.8	55.4
Residents with bed sores.	3	5.7	6.1	4.8
Residents receiving special skin care.	5	9.4	19.3	23.5

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	4.4	176	3.3
Each resident is free from mental and physical abuse.	MET	NOT MET	7	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	101	24.8	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	60	14.7	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.5	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.7	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.2	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	6	1.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	52	12.7	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	39	9.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	31	7.6	383	7.2
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Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	63	15.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	21.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	96	23.5	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	43	10.5	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	2.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	52	12.7	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	3	0.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	64	15.7	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	150	36.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	3.4	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	196	48.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F079*	F080*	F084	F102	F105	F118	F126	F130
F135	F139	F168*	F169	F170	F174	F175	F176
F190	F191*	F224	F251	F259	F264	F293*	F294
F313*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

VENDOR NUMBER

SURVEY DATE

SURVEYORS' NAMES

TITLES

APPENDIX

LONG TERM CARE SURVEY

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Discipline:

A.		Administrator	H.		Life Safety Code Specialist
B.		Nurse	I.		Laboratorian
C.		Dietitian	J.		Sanitarian
D.		Pharmacist	K.		Therapist
E.		Records Administrator	L.		Physician
F.		Social Worker	M.		Psychologist
G.		Qualified Mental Retardation Professional	N.		Other

Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

F2 Indicate the Total Number of Surveyors Onsite: _____

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RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. _____ | F3 ☐ MEDICARE _____ | F4 ☐ MEDICAID _____ | F5 ☐ OTHER _____ | F6 TOTAL RESIDENTS _____

CODE		
	BATHING	
F7	___	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.
F8	___	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.
F9	___	**TOTAL***
	DRESSING	
F10	___	Number of residents totally dressed by another person.
F11	___	Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)
F12	___	Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.
F13	___	**TOTAL***
	TOILETING	
F14	___	Number of residents not toileted. (Use protective padding, catheter.)
F15	___	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.
F16	___	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.
F17	___	**TOTAL***
	TRANSFERRING	
F18	___	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).
F19	___	Number of residents needing assistance in transferring to toilet and tub only.
F20	___	Number of residents able to complete all transfers independently (may or may not be using mechanical supports).
F21	___	**TOTAL***

CODE		
	CONTINENCE	
F22	___	Number of residents with indwelling or external catheters.
F23	___	Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.
F24	___	Number of residents with urination and defecation entirely self-controlled.
F25	___	**TOTAL***
	FEEDING	
F26	___	Number of residents who receive enteral/parenteral feedings.
F27	___	Number of residents who receive NG tube feedings.
F28	___	Number of residents who require assistance in act of eating.
F29	___	Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).
F30	___	**TOTAL***
F31	___	Number of completely bedfast residents.
F32	___	Number of chairbound residents.
F33	___	Number of ambulatory residents (may use cane, walker, or crutches).
F34	___	Number of physically restrained residents (belt, vest, cuffs).
F35	___	Number of residents receiving psychotropic drugs.
F36	___	Number of confused or disoriented residents.
F37	___	Number of residents with decubiti.
F38	___	Number of residents on individually written bowel and bladder retraining program.
F39	___	Number of residents receiving special skin care.
F40	___	Number of residents receiving intravenous therapy and/or blood transfusion.
F41	___	Number of residents requiring no assistance in ADLs.
F42	___	Number of residents on self-administration of drugs.
F43	___	Number of resident with contractures.
F44	___	Number of residents receiving respiratory care.
F45	___	Number of residents receiving tracheostomy care.
F46	___	Number of residents receiving suctioning.
F47	___	Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48	___	Number of residents receiving injections.
F49	___	Number of residents receiving colostomy care.

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NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. Transfer and Discharge				
	Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. Exercising Rights				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. **Financial Affairs**				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. **Freedom from Abuse and Restraints**				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
F123	**NURSING SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. **Twenty-Four Hour Nursing Service**				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.				
F179	SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____% (See Form HCFA-522)				

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NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets_____				
F201	Number of Therapeutic Diets_____				
F202	Number of Mechanically Altered Diets _____				
F203	Number of Tube Feedings_____				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Preparation				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. Frequency				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. Staffing				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. Supervision				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

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NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
F236	A. **Plan** The medically related social and emotional needs of the resident are identified.				
F237	B. **Provision of Services** Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. Nursing Unit				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B.Dining and Activities Area				
F275	SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

PG1

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. **Maintenance of Building and Equipment**				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
	J. **Dietetic Service Area**				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL** ***(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	**B. Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	**C. Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	**D. Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
F350	**DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	_____	ADMINISTRATOR	H.	_____	LIFE SAFETY CODE SPECIALIST
B.	_____	NURSE	I.	_____	LABORATORIAN
C.	_____	DIETITIAN	J.	_____	SANITARIAN
D.	_____	PHARMACIST	K.	_____	THERAPIST
E.	_____	RECORDS ADMINISTRATOR	L.	_____	PHYSICIAN
F.	_____	SOCIAL WORKER	M.	_____	PSYCHOLOGIST
G.	_____	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	_____	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐ New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

*U.S.GOVERNMENT PRINTING OFFICE:1990-258-739